

Detect latent tuberculosis before it activates

Choose the efficiency and convenience of a T-SPOT®. TB blood test from Sonora Quest

The T-SPOT[®]. *TB* interferon-gamma release assay (IGRA) blood test offers the opportunity to detect latent TB before it activates. TB testing with T-SPOT[®]. *TB* is straightforward—it requires a single-tube draw and no on-site refrigeration or incubation.

T-SPOT[®]. TB offers many advantages

- Utilizes a standard number of PBMCs (peripheral blood mononuclear cells) to correct for a patient's immune status
- Effective with immunocompromised and BCG-vaccinated patient populations
- Removes background interferon-gamma to maximize sensitivity (estimated sensitivity: 95.6%) and specificity (estimated specificity: 97.1%)¹
- FDA-approved "borderline" zone provides test resolution for results around the cut-off point
- Consistent results with repeat testing in healthcare workers²

Uncover latent TB sooner

Our comprehensive testing capabilities enable you to detect latent TB and initiate an appropriate treatment regimen for your patients.

- Results are interpreted by subtracting the spot count in the negative (NIL) control from the spot count in Panels A and B:
 - Positive \geq 8 spots Negative \leq 4 spots
 - Borderline 5, 6, or 7 spots Invalid
- The inclusion of a borderline category is intended to reduce the likelihood of false-positive or false-negative results around the test cut-off

Note: It is recommended that borderline and invalid results be retested with a new specimen.

Between **3.1% and 5.0%** of the US population has a latent TB Infection³

Guideline-recommended testing

The Centers for Disease Control and Prevention (CDC) recommends IGRA testing for individuals 5 years or older who meet the following criteria⁴:

- Decided that testing for latent TB infection is warranted
- Likely to be infected
- Have low or intermediate risk of disease progression
- BCG-vaccinated

For children 2 years of age or older an IGRA can be used. It is preferred in children who have had the BCG vaccine or are unlikely to return for a TST to be read.⁵



It's easy to order T-SPOT®. TB

Streamline ordering T-SPOT®. TB using test code 906927

- Efficient: Help to improve efficiency with faster ordering, reduced paperwork, and straightforward billing process
- Timely: Get electronic test result reports as soon as they are available
- Accessible:T-SPOT[®].*TB* is available through our network of approximately 75 Patient Service Centers throughout Arizona
- **Convenient:** You can order T-SPOT[®]. *TB* online through Quanum[™] Lab Services Manager or your EHR

Make sure T-SPOT[®].TB test information (test code 906927) is added to your EHR.



T-SPOT[®]. TB test order information

Test Code	CPT Code*	Specimen Requirements
906927	86481	 Adults ≥18 years: One room temperature 9 mL lithium heparin green-top tube (supply #38235). Pediatric sample volumes: <2 years: 2 mL 2-10 years: 4 mL ≥10 years: 6 mL Collect Monday – Friday ONLY. Do not collect on holidays or weekends. Do not spin or centrifuge samples. Do not refrigerate or freeze samples. Place sample in separate bag and apply the neon green T-SPOT. <i>TB</i> label provided with your tubes to the outside of the specimen transport bag or tube. Lockbox use is not recommended, however, if necessary, configure the ice packs in an a-frame or lean-to formation.

* The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

T-SPOT[®]. TB is approved by the US FDA.

The T-SPOT[®]. *TB* test is an *in vitro* diagnostic test for the detection of effector T cells that respond to stimulation by *Mycobacterium tuberculosis* antigens ESAT-6 and CFP-10 by capturing interferon-gamma (IFN-y) in the vicinity of T cells in human whole blood collected in lithium heparin. It is intended for use as an aid in the diagnosis of *M tuberculosis* infection. The T-SPOT[®]. *TB* test is an indirect test for *M tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. Up-to-date product-specific warnings and other information can be found at **www.tspot.com**

References

1. Oxford Immunotec. T-SPOT®. TB Package Insert. PI-TB-US-V6. Abingdon, UK. May 2017.

- 3. Talwar A, Tsang CA, Price SF, et al. Tuberculosis United States, 2018. MMWR Morb Mortal Wkly Rep. 2019;68(11):257-262. doi: dx.doi.org/10.15585/mmwr.mm6811a2
- Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin Infect Dis. 2017;64(2):111-115. doi: 10.1093/cid/ciw778

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^{2.} King TC, Upfal M, Gottlieb A, et al. T-SPOT[®]. *TB* interferon-γ release assay performance in healthcare worker screening at nineteen US hospitals. *Am J Respir Crit Care Med.* 2015;192(3):367-373. doi: 10.1164/rccm.201501-0199OC

^{5.} Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018-2021 Report of the Committee on Infectious Diseases. 31st Edition. Itasca, IL: American Academy of Pediatrics; 2018.