

Provider:
Patient: Sample
Sample Type: Serum, Urine

Sex:
Date of Birth:
Accession #: 2022000000

Collected:
Received:
Completed:

Tests (Blood)	Results	Interpretation	Index	Reference Range
HIV 1/2 Antigen/Antibody (4th Generation)	Non-reactive	Negative	NA	Non-reactive
Herpes 1 IgG (HSV 1)	Reactive	Positive	9.68	Non-reactive, Index <1.0
Herpes 2 IgG (HSV 2)	Non-reactive	Negative	0.99	Non-reactive, Index <1.0
Hepatitis B Core Antibody, IgM	Non-reactive	Negative	0.15	Non-reactive, Index <0.80 Equivocal, Index 0.80 to <1.0 Reactive, Index >=1.0
Hepatitis B Surface Antigen	Non-reactive	Negative	<0.1	Non-reactive, Index <1.0
Hepatitis C Antibody	Non-reactive	Negative	<0.02	Non-reactive, Index <0.80 Equivocal, Index 0.80 to <1.0 Reactive, Index >=1.0
Syphilis Antibody	Non-reactive	Negative	NA	Non-reactive
Tests (Urine)	Results	Interpretation	Index	Reference Range
Chlamydia trachomatis PCR	Not Detected	Negative	NA	Not Detected
Neisseria gonorrhoeae PCR	Not Detected	Negative	NA	Not Detected
Trichomonas vaginalis PCR	Not Detected	Negative	NA	Not Detected

Positive (reactive results) indicate the presence of STI and require immediate notification. Testing of all sex partners is necessary, and patients should abstain from sexual activity until treatment by their doctor is completed. The presence of one STI increases the risk for other STIs in the patient. Infections involving the upper genital tract (uterus/fallopian tubes) or extra-genital infections (rectal, pharyngeal, etc.) can require culture or other types of testing and may require additional or more aggressive treatment. Untreated maternal STIs create significant risk of congenital or perinatal infection for unborn or newborn infants.

Pharmaceutical treatments may vary based upon patient's health status and history. Clinicians can review treatment medication recommendations for HIV, syphilis, and herpes on the Centers for Disease Control (CDC) website <https://www.cdc.gov/std/treatment/default.htm>. Additional treatment recommendations for hepatitis B can be found at: <https://www.hepb.org/treatment-and-management/treatment/>, and recommendations for hepatitis C can be found at: <https://www.hcvguidelines.org/treatment-naive/simplified-treatment>.

Negative (non-reactive) results indicate that no STI was detected in the sample. A negative or equivocal result may occur if there is no infection or if it is very early in the infection process (2-4 weeks for HIV, syphilis; 4-8 weeks for HBV, HCV, HSV-1, HSV-2). An equivocal result can also occur very early in the infection process, or it may occur if the patient's immune responses are suppressed (medications, other illness, etc.). If an STI is suspected, repeating the test per CDC guidelines later in the infection process may reveal the presence of an STI infection. A negative or equivocal test does not contraindicate diagnosis and medical treatment based upon patient history, signs, and symptoms. Urine tests (chlamydia, gonorrhoeae, trichomonas) can only detect STIs in the urogenital system; infections may be present at other body locations (oro-pharynx, anal). Treatment is still indicated if patient history or symptoms are consistent with the presence of STI.

It is required by Law that US BioTek Laboratories, LLC, report positive results to state health authorities for Chlamydia, Gonorrhoeae, Syphilis, HIV, Hepatitis C, and Hepatitis B. Positive HIV 1/2 Ag/Ab requires a follow-up confirmatory test for HIV Ab.

The test performance characteristics of Chlamydia, Gonorrhoeae, and Trichomonas (PCR) were determined by US BioTek Laboratories, LLC. These tests have not been cleared or approved by the US Food and Drug Administration (FDA).