STI Standard Panel

Provider: Dr. Lianne Marks
Patient: Sample Patient Name
E-Mail: SampleEmail@onsiteclinicalcare.com

Sex: F
Date of Birth: 03/22/2000
Accession #: 2024028579

Collected: 03/20/2024
Received: 03/20/2024
Completed: 03/20/2024

Tests - DBS	Results	Flag	Reference Range
HIV 1/2 Antigen/Antibody (4th Gen)	Negative		Negative Negative
Herpes 2 IgG (HSV 2)	Equivocal		Negative
Syphilis IgG	Equivocal		

Tests - Urine (yellow top tube)	Results	Flag	Reference Range
Chlamydia trachomatis PCR	Positive		Negative Negative
Neisseria gonorrhoeae PCR	Inconclusive		Negative
Trichomonas vaginalis PCR	Positive		

About These Tests:

Test results should be evaluated in relation to patient symptoms, clinical history, and other laboratory findings.
Individuals should review their results with a healthcare provider.

Inconclusive Result

An inconclusive result is neither positive nor negative. This result can occur from inadequate sample collection, very early-stage infection, or close to recovery. With an inconclusive result, collecting and testing another sample is recommended.

HIV 1/2 Antigen-Antibody (EIA)

HIV 1/2 Antigen-Antibody is a primary screening test. A negative result is negative for all three components, HIV-1 antigen and HIV-1/HIV-2 antibodies. If there is a possibility of very early infection leading to a negative initial antigen/antibody test, such as when recent exposure is suspected, consider testing for HIV-1/2 PCR.

A Positive HIV 1/2 Antigen-Antibody test should be followed up with a supplemental antibody test that differentiates HIV-1 antibodies from HIV-2 antibodies.

DBS HIV 1/2 Ag-Ab is less sensitive than venous serum. A negative HIV 1/2 Ag-Ab test result does not exclude the possibility of exposure. Levels of HIV 1/2 Ag-Ab may be undetectable in early infection.

Herpes Simplex Virus Antibody (EIA)

Equivocal Herpes Simplex 1 or 2 (HSV-1/2) antibody test result should be followed by a second specimen 10 to 14 days later.
If the second specimen is also equivocal, primary or recent infection is not likely.
If the second specimen is positive, previous exposure to HSV can be considered.

DBS HSV antibody is less sensitive than venous serum. A negative HSV antibody test result does not exclude the possibility of exposure to HSV. Levels of HSV antibody may be undetectable in early infection.

Treponema pallidum (Syphilis) Antibody (EIA)

Anti-treponemal (Syphilis) antibody testing has been shown to be an effective way to screen for infection with Treponema pallidum. Negative results indicate that Syphilis is unlikely. Because anti-treponemal antibodies persist after treated infection, guidelines recommend performing a non-treponemal (RPR) test to determine if the infection is current or past when the Syphilis antibody test result is positive.
For follow-up testing on RPR, please submit a serum specimen

DBS Syphilis antibody is less sensitive than venous serum.
A negative Syphilis antibody test result does not exclude the possibility of exposure to T. pallidum (Syphilis).
Levels of Syphilis antibody may be undetectable in early infection.

Chlamydia trachomatis/Neisseria gonorrhoeae/Trichomonas vaginalis (PCR)

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).

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Dried Blood Spot (DBS) Testing

The result from a dried blood spot (DBS) specimen is an estimation of the result that an individual would have received from a venous blood specimen.

A DBS result can be affected by how the sample is collected, stored, and transported.
Thus, it is important to adhere to strict collection procedures and specimen stability windows.

The DBS tests are developed with analytical performance characteristics determined and validated by US BioTek Laboratories in pursuant of the CLIA regulations. These tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA).

Health Information and Privacy

US BioTek Laboratories is required to report positive results for Chlamydia, Gonorrhea, HIV, Syphilis, HBV, and HCV to public health authorities.

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 206-629-5900