Eliminate Tuberculosis
TB Platinum
Blood Tests for TB Infection

One-third of the world's population is infected with tuberculosis, and the lifetime cumulative risk for active tuberculosis is >10%. The diagnosis of Tuberculosis Infection (TBI) was based on history, chest x-ray (CXR) and Tuberculin Skin Tests (TSTs). Limitations inherent in using these criteria for diagnosis led to both an over- and under-diagnosis of TBI in some patient groups e.g. over-diagnosis in those previously vaccinated with BCG and under-diagnosis of LTBI in immunocompromised patients.

ADVANTAGES & DISADVANTAGES OF TST COMPARED TO TB PLATINUM

TST	TB Platinum
Two visits	Single visit
Low specificity in immunocompromised	Higher specificity in immunocompromised
Between reader variability in test interpretation	Low between reader variability in test interpretation
Inexpensive	Costly
Similar sensitivity & specificity to IGRA in healthy, non-BCG vaccinated populations	Similar sensitivity & specificity to TST in healthy, non-BCG vaccinated populations
Serial testing for employment, school & routine screening recommended.	Serial IGRA tests may vary within one individual so IGRAs should not be used for serial testing
Does not confirm active TB disease	Does not confirm active TB disease
Estimated 5-10% risk of developing active TB disease over lifetime	Clinical significance in predicting active TB disease has not been ascertained
Universally accessible where health workers are trained	Blood drawing techniques and time restrictions for laboratory analysis limit locations for IGRA testing

COMPARISON OF TST AND QFT

	Population	TST	TB Platinum
Sensitivity	General	75-89%	75-83%
Specificity:	General	85-95%	>95%
Specificity:	Low Prevalence, Non-BCG Vaccinated	97%	>95%
Specificity:	BCG vaccinated	60%	96%

COLLECTION OF SAMPLE FOR TB PLATINUM

Specimen	Transportation
Whole Blood in Heparin tube	At room Temperature
Blood Plasma	In gel pack box

Test Name	Report ready by
TB Platinum	3rd Working Day

References :-

1. Feng Y, Diao N, Shao L, Wu J, Zhang S, Jin J, Wang F, Weng X, Zhang Y, Zhang W. Interferon-gamma release assay performance in pulmonary and extrapulmonary tuberculosis. PLoS One. 2012;7(3):e32652

2. Pai M, Zwerling A, Menzies D. T-cell Based Assays for the Diagnosis of Latent Tuberculosis Infection: An Update. Ann Intern Med 2008;149:177-84.

3. Centers for Disease Control and Prevention. Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection. MMWR 2010;59(RR05):1-25.

4. Canadian Tuberculosis Committee. Recommendations on Interferon gamma release assays for diagnosis of latent tuberculosis infection. An Advisory Committee Statement (ACS). CCDR 2010;36(ACS-5):1-22.

Dr. B. Lal
Clinical Laboratory
Serves Best, Serves All
Since 1991

Corporate office & Central Laboratory:
Dr. B. Lal Clinical Laboratory Pvt. Ltd.
6E, Malviya Industrial Area, Malviya Nagar, Jaipur-17.
Website: www.blallab.com, E-mail: customercare@blallab.com

NABL Accredited
Certificate no. MC-2866

Customer Care No: +91-9166125555