



PATIENT: XXXXXXXXXXXXXXXXXXXX

TEST REF: TST-NL-XXXX

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

COLLECTED: XX/XX/XXXX

PRACTITIONER:

GENDER: XYZ

RECEIVED: XX/XX/XXXX

XXXXXXXXXXXXXXXXXX

AGE: XX

TESTED: XX/XX/XXXX

XXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME: Yersinia EliSpot

Analysis	Result	Units	Reference Range	Chart
Yersinia EliSpot				
1 Yersinia EliSpot			0 SI	
0-1	=	negative		
2-3	=	weak positive		
> 3	=	positive		

The result of the EliSpot test indicates no current cellular activity against Yersinia.