T-SPOT.TB

AVAILABLE THROUGH QUEST DIAGNOSTICS®

The cell enumeration technology in the proprietary T-SPOT.*TB* test allows clinicians to confidently screen and detect tuberculosis (TB) infection. The reliability of the T-SPOT.*TB* test design, which includes washing and standardizing patient specimens, is supported by clinical data obtained even in challenging patient populations.[1]

Accurate across patient populations

An accurate test is critical for the effectiveness of your TB screening program

Effective in challenging patient populations[1]
- Immunocompromised
- BCG-vaccinated

Only TB test with sensitivity and specificity > 95%[1]
- Sensitivity: 95.6%
- Specificity: 97.1%

FDA-approved borderline zone provides test resolution for results around the cut-off point[2,3]

Consistent results

A consistent test means you can feel confident in your result

98.9% concordance and 0.8% mean conversion rate in a study of > 42,000 healthcare worker serial tests[4]

Invalid rate of 0.6% in a study of > 645,000 tests[2]

One tube with no refrigeration

An efficient process frees up your time to complete other critical priorities

Standard phlebotomy
One visit
No on-site pre-analytical steps
No on-site incubation or refrigeration

T-SPOT.TB

A MOMENT OF TRUTH

Unique CPT® code[5]

The T-SPOT.*TB* test is the only commercially available TB blood test appropriate to be submitted under CPT code 86481.[1,6,7] The T-SPOT.*TB* test is a standardized test that requires cell enumeration.[1]

CPT code	86481*	86480*	86480*
Applicable test	The T-SPOT.*TB* test	QuantiFERON®-TB Gold Plus (QFT®-Plus)	LIAISON® QFT-Plus
Description	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	Tuberculosis test, cell mediated immunity measurement of gamma interferon producing antigen response	Tuberculosis test, cell mediated immunity measurement of gamma interferon producing antigen response

* The listed CPT codes reflect Oxford Immunotec's general interpretation of CPT coding requirements and are provided for informational purposes only. OXFORD IMMUNOTEC DOES NOT PROVIDE CODING ADVICE AND ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON CPT CODES LISTED IN MATERIALS PROVIDED BY OXFORD IMMUNOTEC. It is the responsibility of the billing laboratory to determine the correct CPT code to use in light of the particular circumstances.

Visit **TSPOT.COM** for more information

REFERENCES:

1. Oxford Immunotec. T-SPOT.*TB* Package Insert PI-TB-US-0001 V7. Abingdon, UK. February 2019.
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3. Mazurek GH, Jereb J, Vernon A, LoBue P, Goldberg S, Castro K, IGRA Expert Committee, Centers for Disease Control and Prevention (CDC). Updated guidelines for using Interferon Gamma Release Assays to detect Mycobacterium tuberculosis infection - United States, 2010. *MMWR Recomm Rep*. 2010;59(RR-5):1-25.
4. King TC, Upfal M, Gottlieb A, Adamo P, Bernacki E, Kadlecek CP, Jones JG, Humphrey-Carothers F, Rielly AF, Drewry P, Murray K, DeWitt M, Matsubara J, O'Dea L, Balser J, Wrighton-Smith P. T-SPOT.*TB* Interferon-γ Release Assay Performance in Healthcare Worker Screening at Nineteen U.S. Hospitals. *Am J Respir Crit Care Med*. 2015;192(3):367-373. doi:10.1164/rccm.201501-0199OC.
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7. American Medical Association (2019). Knowledge Base. #7072.

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TB-US-BRCH-MPN331-0001 V2