

# Quantiferon TB Request Form

HOSPITAL NAME: \_\_\_\_\_ WARD: \_\_\_\_\_

## PATIENT DETAILS

SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: MALE:  FEMALE:

PATIENT ADDRESS: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_ HOSPITAL LAB NUMBER: \_\_\_\_\_

REQUESTING CLINICIAN: \_\_\_\_\_

DATE SAMPLE TAKEN: \_\_\_\_\_ TIME SAMPLE TAKEN: \_\_\_\_\_

Please fully complete the following section so that your patient sample can be analysed in the quickest possible time.

	YES	NO
1. Have the tubes been mixed thoroughly to ensure that the entire inner surface of the tube has been coated with blood prior to incubation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require Eurofins Biomnis to incubate your samples?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require Eurofins Biomnis to centrifuge your samples?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If <u>YES</u> to Q.2 and 3 please sign and date the form below. Please ignore Q4-6. If <u>NO</u>, please answer Q. 4-6:</b>		
4. Have these tubes been incubated within 16 hours of sampling at 37°C for 16 to 24 hrs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Date and time of incubation: Date: ____/____/____ Time: ____:____		
6. Have these tubes been centrifuged at 2000 – 3000 RCF (g) for 15 minutes within 3 days of incubation?	<input type="checkbox"/>	<input type="checkbox"/>
Signed: _____		
Date: _____		