

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: _____

CLINICAL DETAILS: _____

REASONS TO REQUEST: _____

- | | 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"/> |
| 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: | | |
| 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: _____