QuantiFERON®-TB Gold Plus Test Laboratory Request Form

*Mandatory fields			
SECTION 1: TEST REQUEST CLINIC* WARD Patient Name*:			
CLINIC*	WARD	Patient Name*:	
Requesting Consultant*		IC / Ref. No.* :	Sex : M / F
		PASTE PATIENT LABEL HERE*	
Potovica ID / Pospiratov physician if any			
Referring ID / Respiratory physician if any :		D.O.B :	Race:
SECTION 2: SAMPLE COLLECTION AND SUBMISSION			
	同業をお送回	Specimen sending location: Client & Specim	en Management (CSM)
Instructions for Blood Collection		Level 8, Diagnostic Tower, Academia TEL: (65) 6321-4950, FAX: (65) 6222-8924	
Please refer to the video (4:02)	100 miles	Test inquires: Central TB Laboratory (CTBL)	
QFT-Plus Blood Collection Training		Level 13, Diagnostic Tower, Academia	
TEL: (65) 6576-7655/7656, FAX: (65) 6224-5057 Checklist for sample submission to avoid specimen rejection:			
1. Date of blood collection is NOT : Eve of Public Holidays , Saturdays, Sundays & Public Holidays			
2. Specimens can reach CTBL <u>within 16 hours</u> of blood collection			
3. <u>Before collection</u> : 4x QFT-plus tubes are at room temperature <u>17-25°C</u> (Low temperature tubes cause overfilling)			
4. Collection order: Nil (Grey) ► TB1 (Green) ► TB2 (Yellow) ► Mitogen (Purple)			
		III ■ 4 ■ 4 1.2mL	Volume check*:
5. Volume of blood MUST BE	within <u>0.8-1.2mL</u> range [†]	Blood Level must be within volume	Nil
# Please check the blood lev	ol of 4x OFT-plue tub		TB1
If any of the tubes is overfill			TB2
please recollect blood sample with a new tube.		guide on tubes	
			Mitogen
6. Shake 10 times by inverting tubes and send to CSM at room temperature 17-27°C.			
Collection Date*:	Collection Time*:	Collected by*:	
SECTION 3: FOR CTBL USE ONLY			
Received by:	Nil	Results:	
Date:	TB1		
Time:	TB2		
Incubation start:	Mitogen		
incubation start.	Milogen	Verified by:	
		. Jilliod bj.	
Specimen ID	Remarks:		