

**State of New Jersey Department of Health
Public Health and Environmental Laboratories**
3 Schwarzkopf Drive, Ewing, NJ 08628
<https://www.nj.gov/health/phel/>

REQUEST FOR QUANTIFERON-TB GOLD / MYCOBACTERIOLOGY CULTURE

Patient Information				
Name (Last, First, MI)		Sex for Clinical Purpose Male Female Unknown		Patient ID
Street Address	City	Zip Code	Sexual Orientation	
Ethnicity	Race		Gender Identity	
Clinical History			For Lab Us Only	
Mycobacteriology Culture		Quantiferon - TB GOLD		Date/Time Received
Diagnostic Specimen (no prior diagnosis of TB) Follow-up Specimen Indicate if patient has any previous results for: Positive Negative AFB Smear MTB NAAT Culture		Initial Test?..... Yes No Repeated Test?..... Yes No Previous positive PPD?..... Yes No Unknown When?..... Had a live vaccine during the last 30 days? Yes No Exposed to MTB?..... Yes No Unknown When?..... Immunocompromised?..... Yes No Describe: Symptomatic for TB?..... Yes No Other Illnesses/Conditions?..... Yes No Describe: Previous BCG Vaccination?..... Yes No Date:..... Reason for testing: Employment Student Routine Screening Other: _____ Contact investigation, index case # _____ High Risk Foreign-born in US < 5 Years		
Is the patient currently on anti-mycobacterial therapy? Yes No Date Initiated: Date/Time Collected: Collector's Initials: Country of Birth:		Describe: Date/Time Collected: Collector's Initials: Country of Birth: Date/Time placed in the incubator (within 16 hours of collection) AM/PM: Date/Time removed from the incubator (after 16-24 hours of incubation) AM/PM:		
				Lab/Sample ID#
				Remarks
Clinic Information				
Facility Name			Clinic Code/Site No.	
			Attention	
Address Line 1		Address Line 2		
City	State	Zip Code		
Telephone	Fax	Fax Report Requested? Yes No Fax No.:		
Ordering Physician (print)	Signature	Date		

INSTRUCTIONS FOR COMPLETING THE "REQUEST FOR QUANTIFERON-TB GOLD / MYCOBACTERIOLOGY CULTURE" FORM

Before completing and submitting the form, please read the following directions carefully.

Failure to follow these directions could result in the delay or rejection of the specimen.

For All Test Requests:

1. Complete a separate form for each specimen.
2. Provide all information requested on the form.
3. Specimens should be labeled with two (2) identifiers (e.g., patient name, date of birth, other unique patient ID).
4. Should you need additional space, please submit a separate sheet of paper that includes patient name and date of birth.
5. Specimen and TB QFT-1 identifiers must match EXACTLY.
6. Specimens may be rejected, and testing will be delayed if information is missing, incomplete, or inaccurate.
7. Please include a copy of any available laboratory test results

For Mycobacteriology culture:

- Collect sample in a sterile, wide-mouth container with a leak proof, screw-cap lid, and send to the laboratory within 42-28 hours of collection.
- For transport: place specimen container into inner metal container, screw on cap tight and preferably wrap the lid with para-film tape to farther prevent leakage.
- Place completed form around the inside outer container, screw on cap.
- Specimen volume should be 5-10mL.
- If gastric lavage, 100mg of sodium carbonate should be added to the specimen by the submitting clinic.
- Ship refrigerated (2-8°C)

Request for Quantiferon-TB Gold:

1. Collect 1mL of whole blood into each designated QFT-Plus blood collection tube (G, G, Y,P). Gently shake the tubes ten times and promptly place them in an incubator set at 37°C ± 1°C within 16 hours of collection.
2. Incubate the tubes for a duration of 16 to 24 hours. If there's a possibility that the tubes won't reach the PHEL laboratory within 3 days, proceed to centrifuge the tubes at 2000-3000 RCF (g) for 15 minutes. Additionally, ensure to inform the laboratory that the tubes have been incubated.

If completing a printed copy of this form, please use the following legend to fill in the "Patient Information" section. Please write the option exactly as it appears below:

Sexual Orientation

Lesbian
Gay
Straight
Bisexual
Unknown
Decline to answer
Something Else

Gender Identity

Male
Female
Transgender Male (TM)/Female to Male
Transgender Female (TF)/Male to Female
Genderqueer/Non-Binary
Decline to Answer
Other

Ethnicity

Hispanic or Latino
Not Hispanic
Unknown

Race

American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific
Islander White
Other Race