



**CONSOLIDATED
LABORATORY SERVICES**

St. Vincent's HealthCare

**Quantiferon-TB Gold
Laboratory Documentation Form**

Collection Instruction

Complete information below and attach this document to the requisition when sending TB Quantiferon Gold tubes to the laboratory for processing

Patient Name(Last, First):

Date of Birth:

Test Collected Date/Time:

Test Collected By:

Laboratory Use Only

Patient Label:

Tubes delivered to Microbiology Date/Time:

Test Incubation started Date/Time:

Tubes removed from incubation Date/Time:
(Write INCUBATED on all tubes)

Tubes delivered to referral desk Date/Time:
Delivered to (must be given to someone):

Test sent to referral laboratory Date/Time: