



COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEALTH LABORATORY  
12750 ERICKSON AVENUE  
DOWNEY, CA 90242

PHONE (562) 658-1300  
FAX (562) 401-5999

PLACE BARCODE LABEL HERE

**QUANTIFERON TEST REQUEST FORM**

FOR RYAN WHITE HIV CLINICS FUNDED BY  
THE DIVISION OF HIV AND STD PROGRAMS

PATIENT NAME (LAST, FIRST)				DATE COLLECTED		TIME COLLECTED	
PATIENT ADDRESS				SUBMITTER / CLINIC			
PATIENT / PARTICIPANT MRN#		M	F	OTHER	DATE OF BIRTH		PROGRAM ACCOUNT
REQUESTING PHYSICIAN		PHYSICIAN #		DATE / TIME RECEIVED (FOR LAB USE ONLY)			
<b>QUANTIFERON ELIGIBILITY CERTIFICATION</b>							
<p>THIS CLIENT HAS AN ANNUAL ADJUSTED GROSS INCOME OF LESS THAN \$50,000 AND DOES NOT HAVE MEDI-CAL, MEDICARE, OR OTHER THIRD PARTY INSURANCE. CITY/COUNTY INDIGENT PROGRAMS DO NOT FALL UNDER THE CATEGORY OF THIRD PARTY INSURANCE.</p> <p>YES INITIALS: _____ CHECK COVERAGE TYPE: RYAN WHITE HEALTHY WAY L.A. (UNTIL 12/31/13)</p>							
<b>TEST</b>		<b>SPECIMEN TYPE / REQUIREMENTS</b>				<b>SPECIMEN STORAGE / TRANSPORT</b>	
<p><b>QUANTIFERON GOLD IN-TUBE (CLIENT INCUBATED)</b></p>		<p>COLLECT 3 SPECIMENS BY VENIPUNCTURE CONTAINING <u>1 ML BLOOD EACH</u>:</p> <p>QFT-NIL CONTROL (GRAY CAP) QFT-TB ANTIGEN (RED CAP) QFT-MITOGEN CONTROL (PURPLE)</p> <p>SPECIMENS ARE SHAKEN AND INCUBATED AT 37 °C +/- 1 °C FOR 16-24 HOURS BEFORE TRANSPORT.</p>				<p>TRANSPORT AT ROOM TEMPERATURE. POST-INCUBATION SPECIMENS MUST BE RECEIVED BY THE LABORATORY THE SAME DAY FOR PROCESSING.</p> <p>SPECIMEN TRACKING LOG SHEET MUST BE COMPLETELY FILLED OUT AND INCLUDED WITH SAMPLE DELIVERY.</p> <p>REJECTION CRITERIA INCLUDE IMPROPERLY INCUBATED SPECIMENS, INADEQUATE / IMPROPER VOLUME OF SPECIMEN, FROZEN SPECIMENS, AND FAILURE TO COLLECT SPECIMEN IN QUANTIFERON GOLD QFT COLLECTION TUBES.</p>	