

# MICROBIOLOGY LTBI TEST REQUEST FORM

Telephone 020 8725 5689



NHS NUMBER

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GENDER

M	F
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HOSPITAL NUMBER

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SURNAME

IMMUNOCOMPROMISED?

Y	N
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FORENAME

NHS.NET E-MAIL FOR SIGNIFICANT RESULTS

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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REQUESTING GP

GP CODE

SURGERY

SURGERY CODE

CLINICAL DETAILS

Immunosuppressive therapy

All POSITIVE results will get an HIV test. Please tick if the patient does NOT consent to this

## IGRA test

## Additional testing if required

QuantiFERON

HIV Ag/Ab

Hepatitis screen

- The tube must be correctly filled and contain at least 6mL of whole blood.
- Collect whole blood into the Lithium Heparin (green top) tube, mix by gentle inversion.
- Clearly record date and time sample was taken and GP practice code.
- The sample must be packed with this form for transport to SWLP in blue LTBI testing bag.
- The sample **must** be transported at room temperature (**17 – 27°C**), a lower temperature may result in indeterminate results. **Do NOT REFRIDGERATE at any time.**
- The samples **must** arrive at SWLP St Georges within 16 hours of collection.

SPECIMEN DATE

TIME

PHLEBOTOMIST SIGNATURE

D	D	M	M	Y	Y	Y	Y
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REFER TO [WWW.SWL.PATH.NHS.UK](http://WWW.SWL.PATH.NHS.UK) FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

Any ad hoc booking/cancellation to ERS Medical eCourier Service can be done through the medical line 0207 565 1578. Please Quote Ref: LTBI7