

MICROBIOLOGY LTBI TEST REQUEST FORM



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 REFRIGERATE.**
- The samples **must** arrive at SWLP at 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.SWLPATH.NHS.UK FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS
FOR GENERAL ENQUIRIES OR TRANSPORT ISSUES PLEASE CALL 020 8266 6510
FOR SWLP RESULTS PLEASE EMAIL STGH-TR.SWLPRESULTS@NHS.NET