

**MICROBIOLOGY LTBI (QUANTIFERON), HEPATITIS C and HIV screening
test request form**

**NEWHAM CCG**

GENDER

HOSPITAL NUMBER

NHS NUMBER

F

M

FORENAME

REQUESTING GP

IMMUNOCOMPROMISED?

Y

N

SURNAME

|  |
| --- |
| GP CODE |

SURGERY

DATE OF BIRTH (for 16-35y only)

|  |
| --- |
| SURGERY CODE |

|  |
| --- |
| NHS.NET EMAIL FOR SIGNIFICANT RESULTS |

CLINICAL DETAILS

\***All** **IGRA samples will be routinely tested for HIV Ab/Ag and Hepatitis C Ab UNLESS not required or declined.**

To avoid duplication, if the test has already been

performed OR if the patient declines:

Please tick if **NOT REQUIRED/DECLINED:**

HIV Ab/Ag **AND** HIV Ab/Ag not required

Hep C Ab declined

 Hep C Ab not required

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IMMUNOSUPRESSIVE THERAPY



 **AGE RESTRICTION: Samples must only be tested if the age criteria of 16-35 years (inclusive) is met**

 The **TWO TUBES** (1x green top and 1x gold top) must be correctly filled and contain at least 6ml of whole blood in each

 Collect whole blood into the gold top tube, **DO NOT MIX** by inversion and allow to clot

 Collect whole blood into the Lithium Heparin tube (green top), **MIX** by gentle inversion

 Clearly record date and time sample was taken and GP practice code

 Both samples must be packed with this single form for transport to SWLP in the blue LTBI testing bag

 The sample **must** be transported at room temperature (**17°C – 27°C**), a lower temperature may result in indeterminate results. **DO NOT REFRIGERATE or FREEZE**.

 The samples **must** arrive at SWLP, St. Georges within 16 hours of collection

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LTBI-FRM004 Rev: 04 26/11/2019

PHLEBOTOMIST SIGNATURE

PHLEBOTOMIST NAME

TIME

SPECIMEN DATE

LTBI-FRM003 Rev: 03

Refer to [www.swlpath.nhs.uk](http://www.swlpath.nhsa.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