

QuantiFERON TB Testing

For detailed testing information, refer to the APL Test Directory
<http://ahsweb.ca/lab/apl-td-lab-test-directory>
 or
<https://www.albertahealthservices.ca/lab/Page3317.aspx>

Scanning Label or Accession # *(lab only)*

Patient	PHN		Date of Birth <i>(dd-Mon-yyyy)</i>		Expiry: _____	
	Legal Last Name		Legal First Name		Middle Name	
	Alternate Identifier	Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town		Prov	Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>	
	Address		Phone	Address	Address	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone	
	Clinic Name			Clinic Name	Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>	Location	Collector ID	

QuantiFERON (QFT) testing should not be used to establish or exclude a diagnose of active Tuberculosis (TB) disease. A negative QFT does not necessarily exclude latent TB infection in those with very high risk of exposure and/or immune suppression.

The report for this test will be sent to the ordering provider and is not copied to TB services. If TB services consultation is required, a separate consultation request to the program is required. Ordering this test does not constitute a referral to TB services and TB services will not follow-up positive results.

Appropriate Indications for QFT (Need only check one):

- Current or anticipated use of medical immune suppression
- HIV seropositivity
- Chronic Kidney Disease
- Current or anticipated Bone Marrow Transplant
- Current or anticipated Solid Organ Transplant
- Hematologic malignancy
- Refugee from TB endemic country
- TB program testing
- Required by Immigration, Refugee, and Citizenship Canada
- Other (please state reason): _____

Contraindications for QFT (If any of the following present, should not do QFT)

- Previous positive QFT
- Previously positive TST (Unless have consulted with TB program)
- History of treatment for active or latent TB
- Suspect active TB

Approving Clinician Name	Signature	Date