



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

QuantiFERON®-TB Gold Plus

Wales Centre for Mycobacteria,
Llandough Hospital,
Penlan Road,
Penarth, CF64 2XX

DX: Public Health Wales Cardiff
(Llandough), DX6070400,
Penarth 90 CF
Tel: 029 207 16408

SENDER'S INFORMATION

Affix ETR label here

SAMPLE INFORMATION (for completion by laboratory)

Your reference			
Sample collection date:		Time	
Incubation of QFT-Plus Tubes			
Time in:	Date:	Name:	
Time out:	Date:	Name:	
QFT-Plus Tubes centrifuged on Date:			

CLINICAL / EPIDEMIOLOGICAL INFORMATION

Was the patient born in the UK?	Yes	No	Don't know
If no, where?			
When did the patient come to the UK (year?)			
Has the patient lived in, or spent more than 2 months travelling in another country?	Yes	No	Don't know
If yes, where and when (year?)			
Is the patient a current/former resident or employee in:			
Prison	Long-term care facility	Hospital	Homeless shelter
Is the patient a person who injects drugs?			
Yes	No	Don't know	

History of BCG and TB skin tests

BCG vaccination?	Yes	No	Don't know
If yes, what age?	Neonatal	School	Other
BCG scar?	Yes	No	
Mantoux test done	Yes	No	Don't know
If yes, date	Reading (mm)		

PATIENT'S CLINICAL DETAILS

Is the patient taking any of the following medications?			
None	Steroids	Cytotoxic drugs	
Other immunosuppressive drugs (specify)			
Does the patient have or is the patient			
Immunocompromised	Yes	No	Don't know
HIV positive	Yes	No	Don't know
Diabetic	Yes	No	Don't know
A smoker (≥1 pack/day)	Yes	No	Don't know
End-stage renal failure	Yes	No	Don't know
Silicosis	Yes	No	Don't know

Head and neck cancer	Yes	No	Don't know
Low BMI (≤20)	Yes	No	Don't know
Does the patient have any of			
Fever	Night sweats	Loss of weight	Cough
Abnormal CXR	Yes	No	Don't know
Cavities	Yes	No	Don't know
Past TB	Yes	No	Don't know
Granuloma	Yes	No	Don't know
Other relevant clinical data			

HISTORY OF TB DISEASE, ANTI-TB TREATMENTS AND CONTACTS

Previous TB diagnosis	Yes	No	Don't know
If yes, when			
Previous active TB treatment	Yes	No	Don't know
Previous latent TB chemoprophylaxis	Yes	No	Don't know

Previous contact with TB	Yes	No	Don't know
If yes, when			
Nature of contact	Household	Work	Study/school
Prison Other (specify)			