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

Sender's name and address

Report to be sent FAO

Contact phone

Purchase order number

PATIENT / SOURCE INFORMATION

NHS number

Surname

Forename

Hospital Number

Sex ☐ male ☐ female

Date of birth

Patient's postcode

Patient's occupation

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

Reason for request

☐ Recent contact with TB
☐ Increased risk of progression to active TB (e.g. pre biologics)
☐ Possible active TB
☐ TB screening (e.g. immigrants of high incidence country)

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 (specifiy)

REFERRED BY

Name | Signature | Date | Referring specialty