

STUDENT HEALTH CLINIC

OUTPATIENT TB (QFT) LAB REQUISITION FORM

STUDENT NAME (PRINT/TYPE):

_____, _____
LAST FIRST

DATE:

DATE OF BIRTH:

STUDENT ID (REQUIRED):

Student Health Clinic Medical Director: Steven Leach, MD

	TEST NAME	NOTES	EPIC Procedure ID
X	Quantiferon TB Gold		5422719

Notes:

- This is a lab requisition only; not a standing order.

Lab staff: Tests to be ordered via Requisition Entry ONLY using Submitter ID **704**: Student Health Services (SHS).

Outpatient labs on campus where QFT testing is performed:

POB I, 1st floor, 214-645-5350

West Campus 3, 1st floor, 214-648-0303

Outpatient Building, 1st floor, 214-645-3484

Aston Building, 5th floor, 214-645-2425