



QuantiFERON®-TB Gold Plus Blood Collection Tube Order Form

National Mycobacterium Reference
Service-South (NMRS-South)
61 Colindale Ave, London NW9 5HT

Phone +44 (0)20 832 76957
nmrl@phe.gov.uk
www.gov.uk/phe

Order

Please send _____ pack(s) of QuantiFERON®-TB Gold Plus Blood Collection Tubes.

One pack contains enough tubes to test 10 patients and consists of the following:

- 10 x QuantiFERON Nil Tube (grey cap)
- 10 x QuantiFERON TB1 Tube (green cap)
- 10 x QuantiFERON TB2 Tube (yellow cap)
- 10 x QuantiFERON Mitogen Tube (purple cap)

Contact Details

Name: _____
 Laboratory/Hospital: _____
 Postal Address: _____

 Phone: _____
 Fax: _____

Signature

I understand that I will be billed per tube pack (please contact NMRS-S for current price).

Name: _____
 Signature: _____
 Date: _____

I would like the electronic versions of the blood collection, handling, and transportation guidelines, test request form, and blood collection tube order form to be e-mailed to me.

E-mail: _____

PLEASE E-MAIL THE COMPLETED AND SIGNED FORM TO: nmrl@phe.gov.uk

Upon receipt of this form, the requested number of tube packs will be posted to you via DX.

Please refer to the NMRS-S Guidelines for QuantiFERON®-TB Gold Plus Blood Collection, Handling, and Transportation.