

STUDENT HEALTH CLINIC

(Submitter ID: 705)

OUTPATIENT TB (QFT) LAB REQUISITION FORM

STUDENT INFORMATION

STUDENT NAME (PRINT/TYPE): _____
LAST FIRST

DATE OF BIRTH: _____

STUDENT ID (REQUIRED): _____

DATE OF SERVICE: _____

Gender: Male Female
Unknown

MEDICAL DIRECTOR

STUDENT HEALTH CLINIC MEDICAL DIRECTOR: PAUL BROKER, MD

TEST INFORMATION

	TEST NAME	NOTES	EPIC PROCEDURE ID
X	QUANTIFERON TB GOLD		5422719

NOTES

This is a lab requisition only; not a standing order

ATTENTION LAB STAFF:

Test to be ordered via Requisition Entry ONLY
using Submitter ID 705: Student Health Services (SHS)

Outpatient labs on campus where QFT testing is performed:

POB I, 1st floor, 214-645-5350
Outpatient Building, 1st floor, 214-645-3484

West Campus 3, 1st floor, 214-648-0303
Aston Building, 5th floor, 214-645-2425