

**QuantiFERON
Test Request and Processing Log**

Collection Site: _____
Date Collected: ____/____/____

Date Sent to Lab: ____/____/____
Date Received in Lab: ____/____/____
Time Received: _____

Submitting Facility: _____

	Time Collected	Last Name	First Name	DOB	Sex	County of Residence	Drawn by	Accession Number
1	:			/ /				
2	:			/ /				
3	:			/ /				
4	:			/ /				
5	:			/ /				
6	:			/ /				
7	:			/ /				
8	:			/ /				
9	:			/ /				
10	:			/ /				

All times should be in military format. Please print clearly or use pre-printed labels

Specimens to be submitted via overnight delivery to:
Tennessee Department of Health, Laboratory Services
630 Hart Lane
Nashville, TN 37216

Date Incubation Started: ____/____/____ Time Started: _____
Date Incubation Ended: ____/____/____ Time Ended: _____
Total Time Incubated ____ hrs ____ mins