



HIBM Research Group
Non-profit molecular laboratory

T-SPOT.TB[®]

LABORATORY REQUEST FORM

Location
18341 Sherman Way #201A
Reseda, CA 91335

Phone
(818) 789-1033

E-mail
yadira@hibm.org
ddarvish@hibm.org
criley@hibm.org

Web
<http://hibm.org/hrg>

CAP: LAP7179300
CLIA: 05D-0992853
LFS: CLF328498

COLLECTION DATE/TIME

- Samples are accepted within 30 hours of being drawn, Mon – Thu, 8:30AM to 2:00PM.
- Submit 6mL tube, additive Lithium Heparin (BD Cat# 367886, green-top)
- Children up to 2 years old: one 3mL pediatric tube Heparin (Li)
- For patients with low lymphocyte count (Immune suppressed/immune deficient), please provide double the amount of blood
- Blood must be kept at room temperature during transport.
- Refrigerated or frozen samples will not be accepted.
- Please contact the lab at (818) 789-1033 when sending a sample.

REFERRING/ATTENDING PHYSICIAN

Name: _____ Copy to: _____

Phone/Fax: _____

Address: _____

PATIENT INFORMATION

***PLEASE ATTACH APPROPRIATE BILLING INFORMATION

Name: _____ DOB: _____

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____ Phone: _____

Medical Records / Reference #: _____

CLINICAL INFORMATION

Employment Screening Health Care Worker Pregnant Nursing Home Transfer

Immune suppressed Immune Deficient HIV/AIDS BCG Immunized

Foreign born (country) _____ Foreign travel (country) _____

Exposure contact (Name): _____

TST+/- and size (mm) _____ CXR+/- and description _____

Previous Treatment for TB (year, duration) _____

Other TB risk information _____

PLEASE NOTE: Testing must be done on fresh blood and samples must be received for processing in the testing laboratory within 30 hours. Blood draw should be scheduled on Sunday afternoon to Thursday morning and delivered to the lab by Thursday at 2:00pm.

After hours or in case of emergency, please contact Dr. Yadira Valles-Ayoub, mobile (818) 274-1843.