

QuantiFERON Test Request and Processing Log

Collection Site: _____
Date Collected: ____/____/____
Incubation Start: ____/____/____
Incubation End: ____/____/____
Incubation Start Temperature _____°C
Temperature Prior to Shipping _____°C

Submitting Facility: _____
Incubation Start Time: _____
Incubation End Time: _____
Incubation End Temperature _____°C
Centrifuged? Yes No

Date Sent to Lab: ____/____/____
Date Received in Lab: ____/____/____
Total Time Incubated: _____ hrs _____ mins
Centrifuge Start Time _____
Centrifuge End Time _____
Total Time Centrifuged _____ minutes
Centrifuge Speed _____ rcf rpm g
(check one)

	Time Collected	Last Name	First Name	DOB	Sex	County of Residence	Accession Number (Lab Use Only)
1							
2							
3							
4							

Specimens should be submitted via overnight delivery to:
 Tennessee Department of Health Laboratory Services 630 Hart Lane Nashville, TN 37216
 or Knoxville Regional Laboratory 2101 Medical Center Way Knoxville, TN 37920

All times should be recorded in military format

Revised March 2023