

- Incubated  
 Not Incubated

HMRI Molecular Tuberculosis Laboratory  
 Houston Methodist Diagnostic Laboratories (HMDL)  
 6565 Fannin Street, Dunn Tower  
 Second Floor, D2-109  
 Houston, Texas 77030  
 713-441-6447 (lab) 713-790-3755 (fax)  
 CLIA #45D0681692

**FORM MUST BE FILLED COMPLETELY OR SAMPLE MAY BE REJECTED**

**1. SUBMITTER INFORMATION**

<b>Submitting Institution</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	<b>Fax</b>
<b>Laboratory Contact Name/Number (for questions about the sample)</b>	
<b>Panic Value Contact Name/Number</b>	

**2. PATIENT INFORMATION**

<b>Date/Time of collection</b>		<b>Ordering Physician</b>	
<b>Patient Name (last, first, MI)</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>DOB</b>	<b>Age</b>	<b>Sex</b>	<b>Country of origin</b>
<b>Pregnant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			
<b>Patient ID Number</b>			
<b>Location</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Surveillance			

**IMMUNOLOGY TEST:**

- QuantiFERON In-tube (CPT Code 86480) [1 ml of blood in nil, antigen and mitogen tubes]**  
 Nil Tube Lot Number: \_\_\_\_\_  
 Ag Tube Lot Number: \_\_\_\_\_  
 Mitogen tube Lot Number: \_\_\_\_\_
- T-SPOT.TB (CPT Code 86481) [8ml of blood in lithium heparin tube(s)]**