

LAB USE ONLY



LABLINK
MEDICAL LABORATORY

Makmal Perubatan Lablink,
Lablink (M) Sdn. Bhd.
14 (129) Jalan Pahang Barat,
Off Jalan Pahang,
53000 Kuala Lumpur, Malaysia.
Tel.: +603 4023 4588 Ext: 6002, 6005
Fax.: +603 4023 4298

QUANTIFERON TB GOLD REQUEST FORM

Patient's Name

IC/Passport No.

Clinic/Hospital Reference No.

Date of Birth (dd/mm/yy)

Age

Gender

M F

Race

Malay Chinese Indian Other _____

Requesting Doctor's Name and Address

STAMP HERE

Doctor's Signature: _____

URGENT PHONE _____

FAX _____

EMAIL _____

CLINICAL INFORMATION

(Please provide drug therapy if any including date & time given)

SPECIMEN DETAILS

(Compulsory to fill by sender)

Specimen Collection Date: (dd/mm/yy)

Time of Collection: (hh/mm)

____ AM / PM

Taken by: _____

FOR LABORATORY USE ONLY

(Compulsory to fill by lab staff)

DATE & TIME TUBE RECEIVED:

____ @ ____ AM / PM
(dd/mm/yy) (hh/mm)

INCUBATION:

Start Date & Time: ____ @ ____ AM / PM

End Date & Time: ____ @ ____ AM / PM

Lab Staff Signature



LL.7-005
Version 2
17-03-2016

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