



**TB SCREENING  
BLOOD TEST  
PROTOCOL**

Name: \_\_\_\_\_  
Last 4 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date of Service: \_\_\_\_\_  
Contracted Clinic: \_\_\_\_\_

**COMMENTS:** Administer your clinic's standard TB screening questionnaire. Triage as "No Restrictions" unless x-ray is suggestive of active TB. Employees with active TB will need to be restricted immediately and referred for treatment.

**PACKAGE: TB SCREENING – BLOOD TEST**

I02

\_\_\_\_\_ Review TB questionnaire  
\_\_\_\_\_ IGRA test (QuantiFERON or T-Spot unless history of positive PPD or IGRA)

**ADDITIONAL TESTING:**

**Today:**

(+) IGRA or PPD in past and (+) TB symptoms now	➤ _____ Chest x-ray, PA, with read	A11
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**48 Hours Later:**

(+) IGRA test	➤ _____ Chest x-ray, PA, with read	A11
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*I certify the above referenced tests were performed and completed on the applicant listed above.*

**Authorized Clinic Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_