

**OCCUPATIONAL HEALTH FACILITY REQUISITION - QUANTIFERON**

<b>MRN:</b> _____ <b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Date of Birth:</b> _____ <b>Sex:</b> _____ <b>Employee Location:</b> _____ <b>Phone Number:</b> _____	<b>SPECIMEN:</b> <input type="checkbox"/> MTB-QUANTIFERON-GOLD PLUS ELISA Kit (4 tube collection kit)
<b>OCCUPATIONAL HEALTH FACILITY</b> CHS 67 – 120 MAIL CODE: 172518 PHONE: 56771	<b>Specimen Collection</b>  Date: _____ Time: _____  By: _____

**\*FOR LAB USE ONLY\***

**SUBMITTER:** 12300057 - Occupational Health Facility Participating (CP)  
**DIAGNOSIS:** Z00.00  
**AUTHORIZING PROVIDER:** SABY, ADAM H [31945]  
**ORDERING PROVIDER:** SABY, ADAM H [31945]

MTB-QUANTIFERON-GOLD PLUS ELISA [LAB5479]

**COMMENTS:** \_\_\_\_\_

**Requisition Number:** \_\_\_\_\_

**UCLA Health | Westwood Clinical Laboratory | 757 Westwood Plaza, Los Angeles, CA 90095**  
**Alyssa Ziman, M.D., Director**  
**UCLA Health | Santa Monica Clinical Laboratory | 1250 16<sup>th</sup> Street, Santa Monica, CA 90404**  
**Steven Hart, M.D., Director**