

OCCUPATIONAL HEALTH FACILITY REQUISITION - QUANTIFERON

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

FOR LAB USE ONLY

SUBMITTER: 12300057 - Occupational Health Facility Participating (CP)
DIAGNOSIS: Z00.00
AUTHORIZING PROVIDER: MATTHEI, JARROD D [38601]
ORDERING PROVIDER: MATTHEI, JARROD D [38601]

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 16th Street, Santa Monica, CA 90404
Steven Hart, M.D., Director