

Department of Health and Human Services Health and Environmental Testing Laboratory 221 State Street # 12 State House Station Augusta, Maine 04333-0012

Tel: (207) 287-2727; Fax: (207) 287-6832 TTY: 1-800-606-0215

QuantiFERON-TB Gold Plus (QFT-Plus) Assay

Laboratory Submission Information Sheet

Laboratory Submission Information Sheet	
Reporting of suspect case to Maine CDC	•Yes: TB complex is a Notifiable Condition. If you have not already done so, please report suspect or confirmed cases to the Maine CDC via the disease reporting line: 1-800-821-5821 (24hrs/day 7 days/week.)
Required To Submit Laboratory Specimen	•N/A
Required Information	 Information on requisition must include: test requested, patient name, DOB, date of collection, specimen source or type, submitter name and contact information. Important: all specimens must be labeled with patient name, DOB or other unique identifier, and be accompanied by a HETL requisition.
Specimen Requirements	•Following standard venipuncture protocols: Collect 1.0 mL of blood directly into the QFT-Plus blood collection tubes. As 1mL tubes draw blood relatively slowly, keep the tube on the needle for 2-3 seconds once the tube appears to have completed filling. Immediately after filling the tubes, shake them ten (10) times just firmly enough to make sure the entire inner surface of the tube is coated with blood. Label each tube appropriately.
Collection Instructions	 Option 1 – Immediately ship specimens to HETL. Samples must be received within 16 hours of collection. Check "No" specimen not incubated on incubation card provided with kit. Option 2 – Incubate at Collection Site within 16 hours of collection. Incubate tubes upright at 37°C for 16 – 24 hours. Check "Yes" specimen incubated and fill in incubation information on incubation card provided with kit. Centrifuge samples prior to shipping.
Turn Around Time	• Results are generally available within 1 - 3 business days of specimen receipt
Unacceptable Conditions	Specimen received unlabeled Specimens received without a form and clinical details Specimen volume not within specified limits in tube Longer than 16 hours from collection to incubation Storage of blood outside recommended temperature range Insufficient mixing of blood collection tubes
Results	• Positive, Negative or Inconclusive • Results will only be reported to the submitter listed on the requisition
Laboratory Testing Fee	•\$50.00 - (\$40 for test; \$10 for collection tubes)
Applicable CPT Codes	•86481 Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension.
Additional Information	•Bacteriology at 207-287-170 •Virology, Respiratory, Arbovirus, Serology, and STI at 207-287-1722 •Molecular Biology, Sequencing, and Foodborne at 207-287-5769 •Mycobacterium and Rabies at 207-287-1706