



Latent Tuberculosis Referral Form

Please Fax:

- This form,
- The laboratory results of the interferon gamma release assay, and
- The radiology report

To: 208-906-1520

Attention: Rachel Mugleston, RN, Nurse Manager

1. Patient Name: _____

2. Date of birth: ____-____-____

3. Sex: Male Female

4. Patient's Address: _____

City _____ Zip Code _____

5. Patient's Telephone number: (____) _____-_____

6. Date of IGRA testing: ____-____-____

7. Date of Chest X-Ray: ____-____-____

8. Referred by: _____

Office or Provider

Office or Provider phone number (____) _____-_____

This form is only for persons that meet all of the following criteria:

1. Positive IGRA (T-Spot or QFT-GIT or QFT Plus)
2. Normal Chest x-ray or CT not consistent with TB disease
3. No signs or symptoms of TB disease

Do not use this form for reporting persons who have active TB disease or are suspected to have active TB disease.