

QuantiFERON®-TB Gold blood collection tubes ORDER FORM

(Please print clearly)

Please send me _____ packs of QuantiFERON®-TB Gold blood collection tube sets (pack of 10 Antigen tubes (Red cap), 10 Nil antigen tubes (Grey cap), and 10 Mitogen tubes (Purple Cap)).

Contact details:

Name _____

Laboratory/Hospital _____

Postal Address _____

Phone _____ Fax _____

I understand that I will be billed £450 per tube pack.

Please print your name _____

Signature _____ Date _____

I wish the electronic versions of the blood collection guidelines, patient data form and blood collection tube order form to be e-mailed to me.

E-mail _____

(please print clearly)

PLEASE FAX THE COMPLETED AND SIGNED FORM TO 0207 5393459

Upon receipt of this form, the requested number of tube sets will be posted to you by First Class Post.

Please refer to the guidelines on the blood collection, sample storage and transportation.