QuantiFERON TB Gold

Method	Chemiluminescent Immunoassay
CPT Code	86480 Qualitative or Semiquantitative Immunoassays
Specimen	1 ml of whole blood collected in four special QuantiFERON blood collection tubes Catalog # T0590-0505 (100 each gray, green, yellow, purple with ring cap tubes)
Collect in	1 ml of whole blood collected in special QuantiFERON blood collection tubes Catalog # T0590-0505 (100 each gray, green, yellow and purple with ring cap tubes) Minimum specimen volume: 1 ml in each tube. Tubes must be at room temperature prior to collection. Alternative: 1 Lithium Heparin 7ml tube
Labeling	Label transport tube with patient's first and last name or coded identification number. Record date and time collected on the tube.
Processing	1. Shake tubes ten times just firmly enough to ensure the entire surface of the tube is coated with blood, to solubilize antigens on the tube wall. 2. Transport specimen at room temperature to the laboratory immediately or within 16 hours.
Transport	Transport at room temperature within 16 hours.
Sample Rejection	-Refrigerated or frozen specimen -Specimen older than 16 hours upon arrival at the lab -Specimen quantity not sufficient for testing (QNS) -Mislabeled/Unlabeled specimen
Requisition	SNPHL Request Forms Testing is performed only at the request of SNHD
Turn Around Time	48- 72 hours following receipt in our laboratory
Results	Negative Positive Indeterminate
Reported	System generated fax; Electronic transmission
Note	• Predictive value of a positive QFT result in diagnosing *M. tuberculosis* depends on the probability of infection which is accessed through epidemiological, historical, diagnostic and other findings • Diagnosis of latent *M. tuberculosis* requires that tuberculosis disease must be excluded by medical evaluation including assessment of current medical and diagnostic tests for disease as indicated • A negative result must be considered with the individual's medical and historical data relevant to the probability of *M. tuberculosis* infection and risk of progression to *M. tuberculosis* disease, particularly for individuals with impaired immune function. Negative predictive values are likely to be low for persons to have *M. tuberculosis* disease and should not be relied on to exclude disease
Contact	Southern Nevada Public Health Laboratory – Clinical Laboratory Section