University of Lynchburg Health Services

Tuberculosis Testing

Name:_____ **DOB**:_____ **Student ID:**_____
Last First MI

Students with positive screening must undergo either a Tuberculin Skin Test **OR** an Interferon Gamma Release Assay Test within 6 months before the start of the semester.

Option 1. Tuberculin Skin Test (TST)

The TST result should be recorded as actual mm of induration, and transverse diameter. If no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.*

PPD (Mantoux) 0.1ml intradermally left/right forearm. Lot #_____ Exp. date_____ Date placed_____ Time_____ Placed by_____(RN/NP/PA/MD) Date read_____ Time_____ Read by_____(RN/NP/PA/MD) Result: _____ mm induration *Interpretation: _____Negative _____Positive

***>5mm is positive:**
- Recent close contact with an individual with infectious TB
- Persons with fibrotic changes on prior chest X-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons including HIV-infected persons

***>10mm is positive:**
- Recent arrivals to the US (<5 years) from high prevalence areas or who resided in one for a significant amount of time ● Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease

***>15 mm is positive:** Anyone with no known risk of TB

Option 2: Interferon Gamma Release Assay (IGRA)

Date blood drawn_____ Method: ____ QFT-GIT ____T Spot ____Other_____

Result: _____Negative _____Positive _____Indeterminate ____Borderline (T Spot only)
Indeterminate or borderline results are not acceptable. Repeat test.

Chest X-ray: Required if TST or IGRA is positive. Please attach a copy of the report.

Date:_____ Result : _____Normal _____Abnormal

Treatment for TB disease or Latent TB:____ Completed ____ Ongoing

Dates of treatment regimen: _____ to _____

Health Care Provider Name: _____ Signature:_____

Date:_____ Phone Number:_____

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