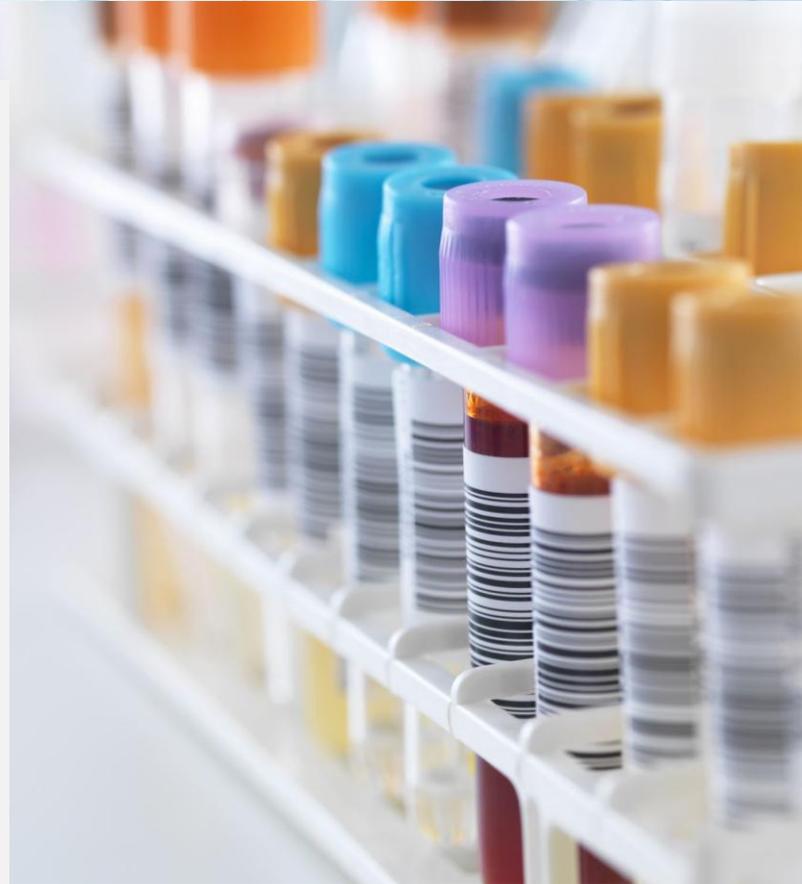


# Completing QuantiFERON-TB Gold Plus Collections in FormFox



# QuantiFERON-TB Gold Plus Collections Table of Contents

- [Supply Ordering](#)
- [QuantiFERON-TB Gold Plus Kit](#)
- [Labeling](#)
- [Collection](#)
- [Shipping](#)
- [Summary](#)





## Clinical orders may be completed on a PC or iPad

- If you don't have a barcode scanner, you will carefully key in the authorization barcodes and Specimen IDs when prompted.
- If the order includes additional services (i.e., Non-DOT Urine, non-DOT Physicals), please continue to complete those services as you normally would.

# Make sure you have supplies for all test events

- Reordering supplies is the clinic's responsibility.
- Please allow 5-7 business days for order delivery.
- Keeping a 1-month supply on hand is recommended.

## Standard Clinical and QuantiFERON-TB Gold Kits

Fill out and email a completed Clinical Supply Order Form to [training@formfox.com](mailto:training@formfox.com)

[Download Clinical Supply Order Form](#)

## FormFox Labels

Email the FormFox Implementation Team - [training@formfox.com](mailto:training@formfox.com)



### FORMFOX MARKETPLACE CLINICAL SUPPLY ORDER

SEND TO: FORMFOX TRAINING TEAM

EMAIL: [TRAINING@FORMFOX.COM](mailto:TRAINING@FORMFOX.COM)

Please visit the Fulfillment Center to order DOT and Non-DOT supplies:  
[Fulfillment Center - Login \(cricorp.com\)](#)

Date Requested:

SHIPPING INFORMATION: Please fill-in information below

CLINIC NAME:   
SHIPPING ADDRESS:   
CITY:  STATE:  ZIP:   
ORDER CONTACT:  PHONE:  EMAIL:

QUANTITY	DESCRIPTION	ITEM CODE
<i>Clinical Supplies</i>		
<input type="text"/>	Clinical Kit (includes shipping supplies)	KCBL-910042
<i>QuantiFERON Kit</i>		
<input type="text"/>	Single, QuantiFERON collection kit (includes shipping supplies)	KCBL-910041

Please allow 5-7 business days for order delivery

Email completed form to [training@formfox.com](mailto:training@formfox.com)

## QuantiFERON-TB Gold Plus (Q-Gold) Collections will be Pre-Ordered

Always ask the patient if they have an Authorization Form.

Marketplace services will be indicated by the Marketplace logo on the top left corner of the form.

### All ordered services will be listed in this section.

- QuantiFERON-TB Gold Plus is a special type of Clinical collection. Extra care must be taken to ensure the success of this collection.
- If clinical services are ordered alongside other services, perform these as you normally would.
- For clinical collections, you will not see the tube types listed on this form.
- The supplies needed for the order will be presented in the FormFox workflow when you launch the test event on your PC or iPad.



Experiencing issues? Please contact our support team at 877-376-3691.

#### DONOR INFORMATION

**FRED T. FOX**  
SSN: EmpID: \*\*\*\*JOPZ

**EXAMPLE**

**YOUR SITE IS:**  
ABC Clinic  
123 Demo St.  
SLC, UT 84101  
801-461-9627

**INSTRUCTIONS:**  
•CALL the site to confirm hours and if an appointment is needed at 801-461-9627  
•BRING THIS FORM and a VALID PHOTO ID to the site.  
•Your visit must be completed before 7:00AM on August 16, 2023 EDT Eastern Standard Time

#### CLINIC INFORMATION

**INSTRUCTIONS:**  
You must enter/scan the authorization number above and complete the services below in FormFox to be automatically paid for these Marketplace services.

**GUARANTOR/RESPONSIBLE PARTY: CRL/FormFox Marketplace**  
Do not invoice the client/TPA for these Marketplace services.

SERVICES TO PROVIDE:	REASON FOR TEST:	ACCOUNT #:
Non-DOT Urine	Pre-Employment Urine	TEST.CMKT.REF1
Non-DOT Physical	Pre-Employment	TEST.CMKT.REF1
Clinical Specimen Collection	Pre-Employment	TEST.CMKT.REF1

*Do not write in services below.*

**EMPLOYER:**  
Test Company  
110 Wall St.  
New York, NY 1005

**DER:**  
XYZ DER  
877-376-3691

## QuantiFERON-TB Gold Plus Collection Kit Includes:

- **Green Top**- Lithium Heparin Tube
- Specimen bag with absorbent pad
- Pop-up specimen shipping box
- Cold Pack (**freeze 24 hours prior**)
- Foil Insulated Pouch (**freeze 24 hours prior**)
- Small Clinical mailer bag
- Pre-printed shipping label



Begin a Q-Gold order by clicking on the Authorization Form or Mobile Device icon.

Home

Pending List

Open Events (38)

Complete/Search

FMCSA Report

Billing

System

Reports

Technical Help

**What did the patient bring in?**

Authorization Form or Mobile Device

5 Part Paper Chain

OR

Lab Based Drug Test (Account Number)

Alcohol Test

OR

**Shortcuts**

Use Your Account Book

Use Your Favorites List

If the donor doesn't have their authorization form with them, check your **Pending List**.

If you cannot locate the test on this page, **Please Call (877) 376-3691**.

Home

Pending List

Open Events (30)

Complete/Search

FMCSA Report

Billing

### PENDING LIST

This list shows pending tests for the site you are logged into. FILTER the list by status using the 'Filter by' drop down menu. SORT the list by clicking on any of the column headers. START a collection by clicking the donor's name.

Filter by

Search pending events for the site you are logged into by donor or account using the drop down menu below.

Search where  Equal to

FF Marketplace	Type	Authorization #	Donor ID	Donor Name	Scheduled Date/Time	Account #	Account Name	DofTest	Status	
	DRG	59305765	2546	Bosman, Jeff	TEST.CMKT.REF1	QZZ.CMKT.REF1			Scheduled	Delete
	DRG	59481267	7101	Apol, Chad	TEST.CMKT.REF1	QZZ.CMKT.REF1			Pending	Delete
	ALC	59481267	7101	Apol, Chad	TEST.CMKT.REF1	QZZ.CMKT.REF1			Scheduled	Delete
	DRG	60402280	5667	Booth, Doug	TEST.CMKT.REF1	QZZ.CMKT.REF1			Scheduled	Delete

If you need additional information about the Pending List, view the video tutorial [here](#).

## Scan/key in the authorization barcode

The ordered events will appear in the grid

Home

Pending List

Open Events (38)

Complete/Search

FMCSA Report

Billing

## Locate Donor Test

If the Donor has an Authorization form, please Scan or Enter

Authorization barcode

The following scheduled tests matched your search criteria. Please click on the Donor Name for the test you want to perform.

Type	Donor Name	Donor ID	Scheduled	Status	Account #	Company	Address	City	State
CLN	<a href="#">will thoms</a>	*****9MPD		Pending	TEST.CMKT.REF1				
CLN	<a href="#">john devine</a>	*****9MPD		Pending	TEST.CMKT.REF1				
CLN	<a href="#">john devine</a>	*****9MPD		Pending	TEST.CMKT.REF1				
DRG	<a href="#">john devine</a>	*****9MPD		Scheduled	TEST.CMKT.REF1				

If the Donor ONLY has an Account Number, please click the 'Generate CCF using account number' button

- Click on any ordered urine tests (DRG) to open and complete the Urine workflow.
- If there are multiple clinical events (CLN) for the donor, you will only need to click on one of the clinical events to complete all ordered clinical tests. All clinical events will appear in one workflow.
- You do not need to click on each clinical event entry in the grid.

A pop-up message will let you know if there are multiple pending events for the donor.

**Please do not dismiss the donor until all ordered events have been completed.**



www.formfox.com says

This donor has multiple pending events. Be sure to complete all before dismissing the donor.

OK

### **IMPORTANT NOTE:**

**QuantiFERON-TB Gold collections can only be collected MONDAY THROUGH FRIDAY.**

These collections must be completed and shipped the same day. Please take note of your clinic's FedEx pickup time and collect accordingly.

**Also note, these collections cannot be collected and/or sent to CRL the day before a holiday.**

If your clinic does not have time to collect and get the sample handed off to FedEx for overnight shipment to CRL the same day as the sample is collected, you will need to **pause the collection – DO NOT COLLECT ANY SAMPLES**. You must instruct the donor to come back earlier on their next visit so the entire order can be fulfilled (urine collection + blood draw) at the same time and shipped the same day, Monday through Friday.

At the beginning of the clinical workflow, donors will be asked to accept or decline the terms of the **Notice, Consent, and Release for Testing.**

**form** PATIENT NOTICE AND CONSENT

**NOTICE, CONSENT, AND RELEASE FOR TESTING** I request and authorize Clinical Reference Laboratory, Inc. ("CRL") to disclose my laboratory test results and related information for testing to the person or entity arranging this testing

I voluntarily consent to testing and laboratory analysis by CRL. Any sample I submit is my own, has been submitted in accordance with the instructions provided to me, and has not been altered by me.

I consent to receiving email, text messages, and phone calls at the email address and phone number provided by me. My test results may be reported to me through any of the foregoing means or any other reasonable mechanism, including web-based applications, at any time as my results are available.

Any results I receive are for informational purposes only and do not constitute a medical diagnosis. It is my sole responsibility to seek and obtain medical and other advice relating to this testing and any results I receive.  
CRL will protect the confidentiality of my test results and related information in accordance with applicable law. My results and related information may be reported to the ordering physician, my healthcare providers, public health authorities in accordance with applicable law, and as otherwise required or permitted by law or as authorized by me. My results and related information and my specimen may be used by CRL on an aggregated or de-identified basis for the purpose of benchmarking, research, and statistical analysis.

CRL or the person or entity arranging this testing may contract with an independent physician network to provide certain limited services relating to this testing. Such services may include evaluation of test requests, ordering of tests if appropriate, receipt of test results, and telemedicine consultations (collectively, "Physician Services"). The Physician Services will not include treatment or prescription services. It is my sole responsibility to follow up with my healthcare provider for treatment or prescription services. I agree to the Physician Services to the extent they are made available.

If the specimen collection includes a blood draw or fingerstick, I understand that there are possible risks associated with this, including infection, discomfort, and bruising. I understand these risks may not be all-inclusive and that other more remote risks may be involved. However, this notice is sufficient for me to consent to and authorize the collection of a blood specimen by blood draw or fingerstick.

I understand that this testing is voluntary. As with all laboratory tests, there is a chance of a false positive or false negative result. I understand that failure to follow the instructions for this testing may impact testing results and may cause delay or cancellation of testing.

To the fullest extent permitted by law, I release and forever discharge CRL and the person or entity arranging this testing from liability relating to the Physician Services and the collection, testing, and reporting of information described herein.

Use of CRL's website is subject to CRL's Terms of Use available at <https://www.crlcorp.com/terms-of-use/> and Notice of Privacy Practices available at <https://www.crlcorp.com/notice-of-privacy-practices/>.

I am at least 18 years of age or the legal guardian of the donor with authority to consent on their behalf. By clicking "I Accept" below, I am agreeing to all of the terms of this Notice, Consent, and Release for Testing. If I do not agree with any of these terms, I will not click "I Accept," and I will not be able to receive these testing services.

Del...

The Clinical workflow has three tabs.

Complete all the fields in the **Information** tab.

**Step 3** will list the supplies needed. A printable list is available in this section as well.

QuantiFERON-TB Gold Plus collection supplies will begin with a Lithium Green Top tube.



## CLINICAL SPECIMEN COLLECTION

Information **Specimen Collection** Summary

### Step 1: Patient Information

Patient Name John Q Test

\* Country United States of America

\* Address 123 Demo St

\* City Salt Lake City

\* Phone 5555555555

\* State Utah

\* Zip 84115

\* Date of Birth 01/01/1981 Age 45

\* Gender M

Patient is Pregnant?  Yes

\* Hours since last food/drink 12

\* Race Multi-Racial

\* Ethnicity Non-Hispanic

### Step 2: Patient Consent

Donor voluntarily consents to testing and laboratory analysis by CRL

### Step 3: Obtain Supplies Needed

[Print list](#)

The supplies needed for these procedures:

- Lithium Green Top
- Adhesive Bandage
- Alcohol Prep Pad
- Gauze Pad
- Latex Free Tourniquet
- Latex/ Powder Free Gloves
- Needle Holder
- Safety Needle
- Serum Pour Off / Transfer Tube
- Serum Separator Tube (SST)
- 1 FormFox label sheet(s)

Delete Test

Next



Follow the on-screen instructions for collections.

Use the Green Top Lithium Heparin tube included in the Q-Gold kit.

Only one tube is needed for the QuantiFERON-TB Gold Plus test.

Information

Specimen Collection

Summary

**FNF** must be written on all containers.



Use the Clinical labels

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

	CLINICAL CC00000000 W SH1D: GEN		CLINICAL CC00000000 X SH1D: GEN
	CLINICAL CC00000000 Y SH1D: GEN		CLINICAL CC00000000 Z SH1D: GEN

Version 1.4, Revised 2/14, 15 MIL, XXXXXXXX

formfox CENTER OVER CAP  
NON-FEDERAL URINAL  
formfox CENTER OVER CAP  
NON-FEDERAL URINAL  
formfox CENTER OVER CAP  
FEDERAL URINAL  
formfox CENTER OVER CAP  
FEDERAL URINAL

SPECIMEN ID NUMBER  
CC00000000  
CC00000000  
CF00000000  
CF00000000

CLINICAL  
CC00000000  
CC00000000  
CC00000000  
CC00000000

Hair Envelope Seal  
Collector & Donor Initials  
Date (Mo, Day, Yr)

BLOOD DRUG / ALP SEAL  
BLOOD DRUG / ALP SEAL

## Step 4 PERFORM COLLECTIONS

### BLOOD DRAW

Lithium Green Top

**QuantiFERON®-TB Gold Plus Blood Collection and Transport Instructions Only**

*24 hours prior to collection, place foil pouch and cold pack in freezer.*

#### Blood Collection

1. Wash hands thoroughly before beginning any phlebotomy procedure. Be sure to check expiration dates on tubes before proceeding. **DO NOT USE EXPIRED TUBES.**
2. Label lithium-heparin tube (green top with black ring) with Integrated Label from requisition, include first and last name on label.

**Important:** Tubes should be at room temperature (17-25 degrees C) at the time of blood collection.

1. Fill the lithium-heparin blood collection tube (minimum volume of 6 ml) and gently mix by inverting the tube several times to dissolve the heparin. Avoid vigorous shaking to avoid hemolysis of cells. Do not centrifuge or transfer. Sample volume of less than 6mL of blood may hamper the ability to test.

#### Shipping

1. Prior to refrigeration, blood drawn into a lithium-heparin tube must be held at room temperature (17-25 degrees C) between 15 minutes and 3 hours after collection.
2. Ship the lithium-heparin tube to the testing laboratory at 2-8 degrees C.
  1. Insert the tube inside the specimen bag - NOTE: DO NOT include a paper requisition with the specimen.
  2. Place specimen bag inside Popup Box (labeled "Exempt Human Specimen").
  3. Insert Popup Box and frozen cold pack into the Foil Insulated pouch.
  4. Place the Foil Insulated pouch into FedEx lab pack.
  5. Affix FedEx airbill and contact FedEx for shipping arrangements

#### Notes:

- Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.
- Due to the shipping and stability issues with this test, samples should only be collected Monday-Thursday. Ship same day as collection. Do not collect samples the day before a holiday.
- Cold packs and Foil Pouches will need to be placed in freezer at least overnight, prior to use, to allow adequate freeze time before shipping.

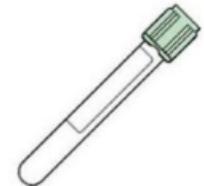
Scan or enter barcode

Unable to Draw

Submit



Tube Instructions



As tubes are collected, apply FormFox Clinical labels.

If a urine collection is included in the order, you will use **2 FormFox label pods** for each order. One label pod will be used for the urine collection. The second label pod will be used for the clinical workflow.

Clinical collections will use the white Clinical labels on the bottom-left of the label pod and end in **W, X, Y, or Z**.

You will place a clinical label on each tube being sent to the laboratory.

**DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!**

NON-FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CC00000000	<b>formfox</b> Smarter Workflows NON-FEDERAL URN/ORAL CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CC00000000  CC00000000	Date (Mo. Day Yr.) Donor's Initials CC00000000 <b>formfox</b>
	Date (Mo. Day Yr.) Donor's Initials CC00000000	<b>formfox</b> Smarter Workflows NON-FEDERAL URN/ORAL CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CC00000000  CC00000000	Date (Mo. Day Yr.) Donor's Initials CC00000000 <b>formfox</b>
FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CF00000000	<b>formfox</b> Smarter Workflows FEDERAL URN/ORAL CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CF00000000  CF00000000	Date (Mo. Day Yr.) Donor's Initials CF00000000 <b>formfox</b>
	Date (Mo. Day Yr.) Donor's Initials CF00000000	<b>formfox</b> Smarter Workflows FEDERAL URN/ORAL CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CF00000000  CF00000000	Date (Mo. Day Yr.) Donor's Initials CF00000000 <b>formfox</b>
<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	 CC00000000	<b>Hair Envelope Seal</b> Collector & Donor Initials Date (Mo. Day Yr.)	
<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	 CC00000000		

Version 1.4 Revised 2/24 15 MIL XXXXX250  
 Place Over Cap (A) Place Over Cap (B)  
 BLOOD DRUG / ALC SEAL  
 Spec ID. FOLD HERE

Scan or enter the specimen ID number for each associated tube.

Make sure to include the letter at the end of the ID: **W, X, Y, or Z.**

Information Specimen Collection Summary

**FNF** must be written on all containers.



Use the Clinical labels

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

NON-FEDERAL UNIFORM	formfox NON-FEDERAL UNIFORM	CENTER OVER CAP <b>(A)</b>	SPECIMEN ID NUMBER CC00000000
NON-FEDERAL UNIFORM	formfox NON-FEDERAL UNIFORM	CENTER OVER CAP <b>(B)</b>	SPECIMEN ID NUMBER CC00000000
FEDERAL UNIFORM	formfox FEDERAL UNIFORM	CENTER OVER CAP <b>(A)</b>	SPECIMEN ID NUMBER CF00000000
FEDERAL UNIFORM	formfox FEDERAL UNIFORM	CENTER OVER CAP <b>(B)</b>	SPECIMEN ID NUMBER CF00000000

CLINICAL  
SH1D: CC00000000 W GEN  
CLINICAL  
SH1D: CC00000000 X GEN  
CLINICAL  
SH1D: CC00000000 Y GEN  
CLINICAL  
SH1D: CC00000000 Z GEN

Hair Envelope Seal  
Collector & Donor Initials  
Date (Mo, Day, Yr)

Version 1.4, Revised 2/14, 15 MIL XXXXXXXX

## Step 4 PERFORM COLLECTIONS

### BLOOD DRAW

Lithium Green Top

**QuantIFERON®-TB Gold Plus Blood Collection and Transport Instructions Only**

*24 hours prior to collection, pl*

#### Blood Collection

1. Wash hands thoroughly before beginning any phlebotomy procedure. Be sure to check expiration dates on tubes before proceeding. **DO NOT USE EXPIRED TUBES.**
2. Label lithium-heparin tube (green top with black ring) with Integrated Label from requisition, include first and last name on label.

**Important:** Tubes should be at room temperature (17-25 degrees C) at the time of blood collection.

1. Fill the lithium-heparin blood collection tube (minimum volume of 6 ml) and gently mix by inverting the tube several times to dissolve the heparin. Avoid vigorous shaking to avoid hemolysis of cells. Do not centrifuge or transfer. Sample volume of less than 6mL of blood may hamper the ability to test.

#### Shipping

1. Prior to refrigeration, blood drawn into a lithium-heparin tube must be held at room temperature (17-25 degrees C) between 15 minutes and 3 hours after collection.
2. Ship the lithium-heparin tube to the testing laboratory at 2-8 degrees C.
  1. Insert the tube inside the specimen bag - NOTE: DO NOT include a paper requisition with the specimen.
  2. Place specimen bag inside Popup Box (labeled "Exempt Human Specimen").
  3. Insert Popup Box and frozen cold pack into the Foil Insulated pouch.
  4. Place the Foil Insulated pouch into FedEx lab pack.
  5. Affix FedEx airbill and contact FedEx for shipping arrangements

#### Notes:

- Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.
- Due to the shipping and stability issues with this test, samples should only be collected Monday-Thursday. Ship same day as collection. Do not collect samples the day before a holiday.
- Cold packs and Foil Pouches will need to be placed in freezer at least overnight, prior to use, to allow adequate freeze time before shipping.



Scan or enter barcode

CC08040333W

Unable to Draw

Submit



Tube Instructions

Locate the **3 letter Identification Key**. Three letters will be generated during each clinical workflow session and serve as the **donor's second identifier**. You will write this Identification Key on the FormFox clinical specimen ID label on each tube.



Information
Specimen Collection
Summary

**FNF** must be written on all containers.



Use the Clinical labels

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

NON-FEDERAL UNIFORMAL	formfox NON-FEDERAL UNIFORMAL	CENTER OVER CAP A	SPECIMEN ID NUMBER CC00000000
Date (Mo, Day 'YY) Donor's Initials CC00000000		CENTER OVER CAP B	SPECIMEN ID NUMBER CC00000000
Date (Mo, Day 'YY) Donor's Initials CC00000000		CENTER OVER CAP A	SPECIMEN ID NUMBER CF00000000
Date (Mo, Day 'YY) Donor's Initials CF00000000		CENTER OVER CAP B	SPECIMEN ID NUMBER CF00000000
Date (Mo, Day 'YY) Donor's Initials CF00000000			SPECIMEN ID NUMBER CF00000000

**Step 4 PERFORM COLLECTIONS**

**BLOOD DRAW**

Lithium Green Top  
**QuantiFERON®-TB Gold Plus Blood Collection and Transport Instructions Only**

**24 hours prior to collection, place foil pouch and cold pack in freezer.**

**Blood Collection**

1. Wash hands thoroughly before beginning any phlebotomy procedure. Be sure to check expiration dates on tubes before proceeding. **DO NOT USE EXPIRED TUBES.**
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**Notes:**

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Scan or enter barcode

CC08040333W

Unable to Draw
Submit 
Tube Instructions

## Step 4 PERFORM COLLECTIONS

### BLOOD DRAW

Lithium Green Top

QuantiFERON®-TB Gold Plus Blood Collection and Transport Instructions Only

*24 hours prior to collection, place foil pouch and cold pack in freezer.*

#### Blood Collection

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Scan or enter barcode

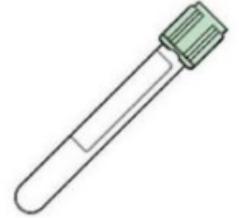
CC08040333W

Unable to Draw

Submit



Tube Instructions



### Carefully follow the collection instructions:

1. Collect at least 6mL of blood into the room-temperature lithium heparin tube.
2. Gently invert the tube several times to dissolve the heparin. **Do not shake, centrifuge or transfer.**
3. Let the tube sit at room temperature for at least 15 minutes, but no more than 3 hours.
4. After 15 minutes, the specimen tube can be refrigerated until it is packaged for shipping. **DO NOT FREEZE SPECIMEN.**

Register and label the collection tube.  
Click on **Submit** then **Next** to move onto the next step.

If **Unable to Complete Draw** is clicked, you will see the **close/cancel** window.  
Selecting **Yes** in this window will end/close the clinical workflow.



close / cancel

Selecting this option will close / cancel the event.  
Do you wish to Continue?

No Yes

Information Specimen Collection Summary

**FNE** must be written on all containers.



Use the Clinical labels

**DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!**

NON-FEDERAL UNIFORMAL	formfox NON-FEDERAL UNIFORMAL Date (Mo, Day, Yr) Donor's Initials CC00000000	CENTER OVER CAP <b>(A)</b>	formfox NON-FEDERAL UNIFORMAL Date (Mo, Day, Yr) Donor's Initials CC00000000	CENTER OVER CAP <b>(B)</b>
FEDERAL UNIFORMAL	formfox FEDERAL UNIFORMAL Date (Mo, Day, Yr) Donor's Initials CF00000000	CENTER OVER CAP <b>(A)</b>	formfox FEDERAL UNIFORMAL Date (Mo, Day, Yr) Donor's Initials CF00000000	CENTER OVER CAP <b>(B)</b>

CLINICAL  
Specimen ID Number  
CC00000000  
Date (Mo, Day, Yr)  
Collector & Donor Initials  
Date (Mo, Day, Yr)

Hair Envelope Seal  
formfox  
Collector & Donor Initials  
Date (Mo, Day, Yr)

Version 1.4 Revised 2014 15 MIL XXXXX250

**Step 4 PERFORM COLLECTIONS**

**BLOOD DRAW**

Lithium Green Top  
**QuantiFERON®-TB Gold Plus Blood Collection and Transport Instructions Only**

**24 hours prior to collection, place foil pouch and cold pack in freezer.**

**Blood Collection**

1. Wash hands thoroughly before beginning any phlebotomy procedure. Be sure to check expiration dates on tubes before proceeding. **DO NOT USE EXPIRED TUBES.**
2. Label lithium-heparin tube (green top with black ring) with Integrated Label from requisition, include first and last name on label.

**Important:** Tubes should be at room temperature (17-25 degrees C) at the time of blood collection.

1. Fill the lithium-heparin blood collection tube (minimum volume of 6 ml) and gently mix by inverting the tube several times to dissolve the heparin. Avoid vigorous shaking to avoid hemolysis of cells. Do not centrifuge or transfer. Sample volume of less than 6mL of blood may hamper the ability to test.

**Shipping**

1. Prior to refrigeration, blood drawn into a lithium-heparin tube must be held at room temperature (17-25 degrees C) between 15 minutes and 3 hours after collection.
2. Ship the lithium-heparin tube to the testing laboratory at 2-8 degrees C.
  1. Insert the tube inside the specimen bag - NOTE: DO NOT include a paper requisition with the specimen.
  2. Place specimen bag inside PopUp Box (labeled "Exempt Human Specimen").
  3. Insert PopUp Box and frozen cold pack into the Foil Insulated pouch.
  4. Place the Foil Insulated pouch into FedEx lab pack.
  5. Affix FedEx airbill and contact FedEx for shipping arrangements

**Notes:**

- Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.
- Due to the shipping and stability issues with this test, samples should only be collected Monday-Thursday. Ship same day as collection. Do not collect samples the day before a holiday.
- Cold packs and Foil Pouches will need to be placed in freezer at least overnight, prior to use, to allow adequate freeze time before shipping.

Scan or enter barcode  
CC08040333W

Unable to Draw Submit

Tube Instructions



The **Summary** tab is where you can review the specimen IDs entered. Double-check that the unique identification key is written on the specimen ID label affixed to the tube being sent to the lab.

### BEFORE SHIPPING, PLEASE NOTE:

**QuantiFERON-TB Gold collections can only be collected MONDAY THROUGH FRIDAY.**

These collections must be completed and shipped the same day. Please take note of your clinic's FedEx pickup time and collect accordingly.

**These collections cannot be collected and/or sent to CRL the day before a holiday.**

## CLINICAL SPECIMEN COLLECTION

Information Specimen Collection **Summary**

### Step 5 Clinical Specimen Collection Summary

#### Review Summary

#### BLOOD DRAW

Lithium Green Top

CC08040333W

Edit

Verify the identification key on all containers is

**FNF**

#### Specimen Packaging and Shipping

- Place the following in the biohazard bag: specimens in small pouch with absorbent pad in large pouch without absorbent pad. Seal biohazard bag.
- Refrigerate specimens until courier pick-up.
- Prior to pick-up, place biohazard bag with specimens inside foil pouch and seal foil pouch, if provided.

Review that the above information is correct.  
Select Finish to complete the event.

#### Packaging and shipping instructions for QuantiFERON Gold testing

1. Prior to refrigeration, blood drawn into a lithium-heparin tube must be held at room temperature (17-25 degrees C) between 15 minutes and 3 hours after collection.
2. Ship the lithium-heparin tube to the testing laboratory at 2-8 degrees C.
  1. Insert the tube inside the specimen bag.
  2. Place specimen bag inside Popup Box (labeled 'Exempt Human Specimen').
  3. Insert Popup Box and frozen cold pack into the Foil Insulated pouch.
  4. Place the Foil Insulated pouch into FedEx lab pack.
  5. Affix FedEx airbill and contact FedEx for shipping arrangements.

#### Notes:

- Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.
- Due to the shipping and stability issues with this test, samples should only be collected Monday-Friday. Ship same day as collection. Do not collect samples the day before a holiday.
- Cold packs and Foil Pouches will need to be placed in freezer at least overnight, prior to use, to allow adequate freeze time before shipping.

Back

Finish

## Carefully follow the packaging and shipping instructions:

1. Place the tube into the specimen bag and seal.
2. Insert the specimen bag into the enclosed pop-up box labeled "Exempt Human Specimen." **Do not include a requisition form.**
3. Place the pop-up box and **frozen cold pack** into the **foil insulated pouch**. Cold packs and foil pouches will need to be placed in the freezer at least overnight, prior to use, to allow adequate freeze time before shipping.
4. Place the foil insulated pouch into the FedEx lab pack.
5. Affix FedEx airbill and ship as soon as possible.

**Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.**



If you would like a copy of the clinical report for your records, visit your [Complete/Search](#) page. Click on the completed event in the grid to open the event details.

Home

Pending List

Open Events (39)

Complete/Search

FMCSA Report

Billing

## Search completed events

Use the drop down menu to search completed events, upcoming events, donor IDs, location, etc.

- Search where Donor ID Equal to
- Search by date Date Collected From  15 days  30 days  60 days
- View completed events (7 days)

Search

	FF Marketplace	Type	Authorization #	Donor ID		Donor Name	Collected	Status	Account #	Specimen ID	Account Name	Client Reference ID	Business Owner ID	Paid
<input type="checkbox"/>		CLN	64286117	****9MPD		devine, john	3/04/2022	OK	TEST.CMKT.REF1	CC08040305		formfoxqa_20210507		<input type="checkbox"/>
		DRG	64286117	****9MPD		devine, john	3/04/2022	OK	TEST.CMKT.REF1	CC08040305		formfoxqa_20210507		<input type="checkbox"/>

## CLINICAL SPECIMEN COLLECTION

Close

Report

**DO NOT** send a requisition form to CRL for clinical specimen collections.

Like CRL Non-DOT urine collections, a physical / printed CCF is not required to accompany clinical specimen collections sent to CRL.

Account Information  
Acct: TEST.CMKT.REF1



Identification key:

### Collection Site Information

Name: PJ Demo Account

Address 1: 1414 S Main St

Address 2:

City: Salt Lake City

State: UT

Zip: 84115-5314

Ph: 801-461-9627

Fx:

Collection Site Code: FF00092673

Collection Site Name: Pamela Jensik

### PATIENT INFORMATION

LAST NAME

Fox

DATE AND TIME LAST FOOD AND DRINK  
MO DAY YEAR HOUR MINUTE

06/22/2022 10:24 PM

FIRST NAME

Fred

PHONE

(801)461-9627

PATIENT I.D. OR SOCIAL SECURITY NUMBER

999999999

DATE AND TIME SPECIMEN WAS OBTAINED  
MO DAY YEAR HOUR MINUTE

06/22/2022 10:24 AM

PATIENT ADDRESS

123 De6mo Street

GEN

M F

Date of Birth  
MO DAY YEAR

01/05/1992

CITY

Salt Lake City

STATE

UT

ZIP CODE

84115

Donor voluntarily consents to testing and laboratory analysis by CRL

### SPECIMEN TYPE SENT

REQUESTING PHYSICIAN

ADDRESS

CITY

ST

PHONE

FAX

NPI #

### DEPARTMENT OF HEALTH REPORTING - Information Required for Metals, Infectious Disease, Etc.

Race Multi-Racial

Ethnicity Non-Hispanic

### Tests To be performed:

P349

T103

T152

WU77

**THIS IS AN EXAMPLE**

**DO NOT SEND A REQUISITION FORM FOR CLINICAL SPECIMEN COLLECTIONS TO THE LAB**

**REMINDER:** All Marketplace orders will be paid by FormFox as long as you complete the test events in FormFox.

- Events will appear in the [Services Paid for by FormFox Marketplace](#) section of your [Billing](#) page.
- A review of the FormFox Billing module is available [here](#).
- If you have Marketplace Billing questions, please email [marketplaceadmin@formfox.com](mailto:marketplaceadmin@formfox.com) with the specimen ID.

The screenshot shows the FormFox Billing interface. On the left is a vertical sidebar with buttons for Home, Pending List, Open Events (39), Complete/Search, FMCSA Report, and Billing. The Billing button is highlighted with an orange border. At the top, there are three tabs: Services Paid for by FormFox Marketplace (highlighted with an orange border), Quest Preferred Collections, and Services I am Responsible to bill. The main content area is titled "Services Paid for by FormFox Marketplace" and includes a search filter for "Date Collected From" (02/02/2022) to "03/04/2022" with a "Search" button. Below the filter is a table with the following data:

Donor ID	Donor Name	Date Collected	Account#	Sample ID	Document ID
****9MPD	devine, john	3/04/2022	TEST.CMKT.REF1	CC08040305	
****9MPD	devine, john	3/04/2022	TEST.CMKT.REF1	CC08040305	
****0027		3/02/2022	077-CMKT-REF1	050004400	

## QuantiFERON-TB Gold Plus Collection Summary:

- Make sure you keep enough **supplies** on hand for Q-Gold Collections.
- **QuantiFERON-TB Gold collections can only be collected MON.-FRI. and must be shipped same-day to the lab.**
- For the QuantiFERON TB-Gold test, you will collect **one green top tube.**
- Label each tube with a **Clinical Label**. Include the letter (**W,X,Y,Z**) when registering the container.
- Write the **3-letter Identification Key** on each tube label.
- Gently invert tube and let sit at **room temp 15 minutes - 3 hours.**
- Refrigerate tube until shipping, but **DO NOT FREEZE.**
- Carefully package and ship specimen the day of collection:
  - Tube > Specimen Bag > Pop-up Box**
  - Frozen Cold Pack & Pop-up Box > Foil Insulated Bag > FedEx Lab Pack**
- **DO NOT** send a requisition form to CRL with clinical specimen collections.





If you need assistance with the clinical workflow process:

Call: 877-376-3691 opt 2

Email: [clinical@formfox.com](mailto:clinical@formfox.com)

If you have **Marketplace Billing** questions, please email the Specimen ID of the test event to [marketplaceadmin@formfox.com](mailto:marketplaceadmin@formfox.com).

