



USC Upstate Health Services
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Tuberculosis Evaluation Record

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1 Step TST

Placement location: [ ] LFA [ ] RFA
Manufacturer: [ ] Tubersol® [ ] Aplisol®
Lot#: \_\_\_\_\_
Exp. Date: \_\_\_\_\_
Date placed: \_\_\_\_\_
Time placed: \_\_\_\_\_
Clinician Name: \_\_\_\_\_
Clinician Signature: \_\_\_\_\_

2 Step TST (if indicated)

Placement location: [ ] LFA [ ] RFA
Manufacturer: [ ] Tubersol® [ ] Aplisol®
Lot#: \_\_\_\_\_
Exp. Date: \_\_\_\_\_
Date placed: \_\_\_\_\_
Time placed: \_\_\_\_\_
Clinician Name: \_\_\_\_\_
Clinician Signature: \_\_\_\_\_

TST result in mm: \_\_\_\_\_
TST interpretation: [ ] Positive [ ] Negative
TST reading date: \_\_\_\_\_
TST reading time: \_\_\_\_\_
Clinician Name: \_\_\_\_\_
Clinician Signature: \_\_\_\_\_
Office phone number: \_\_\_\_\_

TST result in mm: \_\_\_\_\_
TST interpretation: [ ] Positive [ ] Negative
TST reading date: \_\_\_\_\_
TST reading time: \_\_\_\_\_
Clinician Name: \_\_\_\_\_
Clinician Signature: \_\_\_\_\_
Office phone number: \_\_\_\_\_

For Positive TST Results:

Interferon Gamma Release Assay (IGRA)

[ ] QuantiFERON®-TB Gold [ ] TB Spot® Date drawn: \_\_\_\_\_ Results: \_\_\_\_\_

Chest X-Ray (only if IGRA positive)

Date: \_\_\_\_\_ Results: \_\_\_\_\_

This is to certify the herein named has been examined for Tuberculosis and findings are reported above.

Clinician Signature/Credentials Date Office Address/Phone or Stamp