TSPOT/TITER REGISTRATION

1. Please complete & bring this form to your appointment.
2. Please stay well-hydrated the 24 hours leading to your appointment.
3. Results will be available to you on *MyMercy*. If you do not have a *MyMercy* account, instructions will be given to you at appointment.

Cash (exact change), check & credit card accepted:

☐ **Tuberculosis Screening (Tspot) $68**

Tspot is a type of Elispot assay used for tuberculosis screening and requires a venipuncture (blood sample). This is a one-time test.

Titers $20 each

A titer is a type of blood test that determines the presence and level (titer) of antibodies in the blood, to determine immunity (if additional vaccine is needed).

☐ **Hep A**

☐ **Hep B**

☐ **MMR** (measles, mumps, rubella)

☐ **Varicella** (chicken pox)

_____ _____ _____
Legal Last Name | Middle Initial | Legal First Name

_____ _____ _____
Date of Birth | Birth Gender | Social Security Number

_____ _____ _____ _____
Address | City | State | Zip

_____ _____
Daytime Phone # | E-mail address

I, _____, give Mercy Corporate Health permission to obtain a blood specimen to evaluate my immunity related to today's tests. The tests I've requested are marked above and may include a T-spot to rule out tuberculosis, and titers to check for immunity to Measles, Mumps, Rubella, Varicella, Hepatitis B, and Hepatitis A.

Signature: _____Date: _____

Guardian Consent for Minors

This section must be completed and presented at appointment if student is under 18 years of age.

I hereby consent for Mercy Corporate Health & Wellness to draw Tspot/Titers on student identified above.

Parent/Guardian Signature:_____

Parent/Guardian Name (*please print clearly):* _____

Daytime Phone#: _____ Date: _____

FOR MERCY USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE_____

☐ Tspot ☐ Hep A Titer

☐ Hep B Titer ☐ MMR Titer

☐ Varicella Titer

Draw Time: _____ *am / pm*

Initials: _____

*Notes:*_____

*Missed:*_____*Attempts:*_____

*Short:*_____