

West Virginia Department of Health and Human Resources
Division of Tuberculosis Elimination
Telephone: 304-558-3669 Fax: 304-558-1825
**PRIOR AUTHORIZATION FOR TB TESTING
FAX**

Date: _____ County: _____ County Fax Number: _____

Requesting Nurse: _____ Requesting: TST: _____ T-SPOT: _____

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Patient Name: _____ DOB: _____

Narrative: _____

Risk Assessment submitted? (Required for review) Yes ___ No ___

Other documentation submitted? Yes ___ No ___ # of pages _____

Requesting Nurse Signature: _____

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Response/Recommendation from WV-DTBE:

Need additional information: _____

May obtain state funded TST: _____ May obtain state funded T-SPOT: _____

May not obtain state funded TST: _____ May not obtain state funded T-SPOT: _____

Narrative: _____

WV-DTBE staff: _____ Date: _____

TB-70 (10-2015)

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