

## Some patients may be at greater risk of developing TB than others



### Tuberculosis (TB) cases in the US continue to increase<sup>1</sup>

While anyone can get TB, the USPSTF recommends screening for latent TB infection in populations at increased risk<sup>2</sup>



**IMMIGRANTS**  
**18x**  
higher TB incidence  
rate than US-born  
persons<sup>3</sup>

**HOMELESS**  
**>8%**  
of people with TB (aged  
15 or older) reported ever  
experiencing homelessness,  
according to 2023 data<sup>4</sup>

#### IMMUNOCOMPROMISED



individuals (eg, those  
with diabetes, HIV, end-  
stage renal disease) are  
at significantly higher risk  
of developing active TB<sup>1</sup>

The CDC also recommends testing patients with diabetes, HIV, cancer, and other conditions<sup>5</sup>



**DIABETES**  
**>23%**  
of TB cases occurred  
in persons reported to  
have diabetes<sup>6</sup>

**HIV**  
**>4%**  
of people with TB are  
coinfected with HIV<sup>7</sup>

**CANCER**  
**9x**  
more likely for people with  
certain cancers to develop  
active TB than to those  
without cancer<sup>8</sup>



Test the right patients to help stem the rising tide of TB

# Blood-based IGRA testing is the preferred testing method for TB

Quest Diagnostics is the only national commercial reference lab to offer a choice of TB blood tests.




## IGRAs require just 1 tube, 1 draw, and 1 visit

### Test information


Test name	Test code	CPT® codes
T-SPOT®.TB	37737	86481
QuantIFERON®-TB Gold Plus, 1 Tube	36970	86480
QuantIFERON®-TB Gold Plus, 4 Tubes, Draw Site Incubated	36971	86480

## Count on Quest for guideline-driven screening solutions and a better experience




### A simpler lab experience

- 2,400 patient service centers with simple online scheduling
- Test results accessible to patients through MyQuest®



### Lower costs and greater value

- Quest is in-network with the majority of health plans nationwide
- A financial assistance program is available to help qualified patients receive screening at a lower cost



### Broad test portfolio and expertise you can trust

- 3,500 tests, ranging from routine screening to highly specialized testing
- ~850 MDs and PhDs, and dozens of genetic counselors available for test selection and results interpretation



## Visit [QuestDiagnostics.com/TBTesting](https://www.questdiagnostics.com/TBTesting) to learn more about the importance of testing patients who may be at increased risk for TB

T-SPOT®.TB and QFT-Plus are approved by the US FDA.

The T-SPOT®.TB test is an in vitro diagnostic test for the detection of effector T cells that respond to stimulation by *Mycobacterium tuberculosis* antigens ESAT-6 and CFP 10 by capturing interferon gamma (IFN-γ) in the vicinity of T cells in human whole blood collected in sodium citrate or sodium or lithium heparin. It is intended for use as an aid in the diagnosis of *M tuberculosis* infection. The T-SPOT®.TB test is an indirect test for *M tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. For more information, visit [www.tspot.com](https://www.tspot.com).

QFT-Plus is approved by the FDA as an in vitro diagnostic aid for detection of *Mycobacterium tuberculosis* infection. It uses a peptide cocktail simulating ESAT-6 and CFP-10 proteins to stimulate cells in heparinized whole blood. Detection of IFN-γ by ELISA is used to identify in vitro responses to these peptide antigens that are associated with *M tuberculosis* infection. QFT-Plus is an indirect test for *M tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. Up-to-date licensing information and product-specific disclaimers can be found at [www.QuantiFERON.com](https://www.QuantiFERON.com).

**References:**

1. CDC. Reported tuberculosis in the US, 2023. About the data. November 5, 2024. Accessed March 19, 2025. <https://www.cdc.gov/tb-surveillance-report-2023/summary/index.html>
2. US Preventive Services Task Force. Screening for latent tuberculosis infection in adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2023;329(17):1487-1494. doi:10.1001/jama.2023.4899
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4. CDC. TB risk and people experiencing homelessness. October 30, 2024. Accessed March 19, 2025. <https://www.cdc.gov/tb/risk-factors/homelessness.html>
5. CDC. Testing for tuberculosis. June 17, 2024. Accessed April 8, 2024. <https://www.cdc.gov/tb/testing/index.html>
6. CDC. Reported tuberculosis in the US, 2023. Executive commentary. January 31, 2025. Accessed March 19, 2025. <https://www.cdc.gov/tb-surveillance-report-2023/commentary/index.html>
7. CDC. Reported tuberculosis in the US, 2022. Updated November 15, 2023. Accessed June 25, 2024. <https://www.cdc.gov/tb/statistics/reports/2022/table17.htm>
8. Cheng MP, Abou Chakra CN, Yansouni CP et al. Risk of active tuberculosis in patients with cancer: a systematic review and meta-analysis. *Clin Infect Dis*. 2017;64(5):635-644. doi:10.1093/cid/ciw838

The CPT® codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Test codes may vary by location. Please contact your local laboratory for more information.

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