

Colorado Department of Public Health and Environment

Tuberculosis Program
4300 Cherry Creek Drive South A-3
Denver, CO 80246-1530
303-692-2638
303-759-5538 (Fax)

Tuberculin Skin Testing Material (PPD)

Ship To: _____

Street Address: _____

City, State, and Zip: _____

Contact Person: _____

Phone Number: _____

Date: _____

PPD is provided by the TB Program to Public Health agencies for TB contact investigations and screening of persons at high risk for TB excluding:

1. Jail Inmates
2. Persons undergoing immigration examinations
3. Paid employees/volunteers/residents of health care facilities, long term care facilities, drug treatment centers, correctional facilities, jails, homeless shelters, schools, and childcare facilities.

The immigrant, employer, or facility is responsible for the cost of PPD for these groups.

I hereby certify that the Tuberculin Skin Testing material (PPD) will be administered to patient with appropriate consent (Parent or guardian, if patient is a minor) and that they qualify for a Tuberculin Skin Test (TST) free of charge as specified by the current TB program requirements. PPD is provided only to Public Health Agencies.

Signature: _____

Number of VIALS needed _____ (10 doses/vial)

CDPHE Approved by: _____