

TB Control Programme

Form 03

Request for examination of biological specimen for TB

Treatment Unit: _____ Date of request: _____

Patient Name: _____

Age (years): _____ Date of Birth: _____ Sex (mark one): M F

Patient Address: _____

Patient Telephone: _____

Reason for examination (mark one):	Diagnostic	Presumptive RR-TB/MDR-TB: <input type="checkbox"/> Y <input type="checkbox"/> N	Patient previously treated for TB (mark one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Follow-up	If follow-up, month of treatment: _____	
Specimen type:	Sputum	Other (specify): _____	If information available specify if
		HIV infection <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	New: After failure of 1st treatment with 1st-line drugs
			Relapse: After failure of retreatment regimen with 1st-line drugs
			After Loss to follow-up: Other

Test requested: Microscopy Xpert MTB/RIF Culture Drug susceptibility Line probe assay

Name, signature and telephone of requestor: _____

RESULTS (to be completed in the laboratory)

Microscopy results

Date sample collected (to be filled by requestor)	Specimen type	Laboratory serial number/s	Visual appearance (blood-stained, mucopurulent or saliva)	Result (check one)				
				Negative (0 AFB/100HPF)	1-9/100HPF (scanty; report number of AFB)	+ 10-99 AFB/100HPF	++ 1-10 AFB/HPF	+++ >10 AFB/HPF

Examined by (Name & signature): _____ Date of result: _____

Xpert MTB/RIF test result (to be completed in the laboratory)

Date collected (to be filled by requestor)

M. tuberculosis			Rifampicin resistance		
Detected	Not detected	No result / Invalid / Error	Detected	Not detected	Indeterminate result

Examined by (Name & signature): _____ Date of result: _____

Culture results (to be completed in the laboratory)

Date sample collected (to be filled by requestor)	Media used (liquid or solid)	Laboratory serial number/s	Result (check one)						
			Negative (0 colonies)	1-9 <10 colonies	+ 10-100 colonies	++ >100 colonies	+++ Innumerable / confluent growth	NTM ¹	Contaminated

Examined by (Name & signature): _____ Date of result: _____

Drug-susceptibility test (DST) and line-probe assay (LPA) results (to be completed in the laboratory)

Date sample collected (to be filled by requestor)	Media used (liquid or solid media; direct or indirect LPA)	DST laboratory serial number/s	H	R	E	S	Amk	Km	Cm	FQ	Other	Other	Other	Other

R: Resistant; S: Susceptible; C: Contaminated; - Not done

Examined by (Name & signature): _____ Date of result: _____

1 Non-tuberculous mycobacteria