M0588A

CENTRE FOR TUBERCULOSIS RESEARCH
(NATIONAL TUBERCULOSIS REFERENCE LABORATORY)

Microbiology Department, Nigerian Institute of Medical Research, 6, Edmund Crescent, Off Muritala Mohammed Way, PMB 2013, Yaba, Lagos. Customer Care Line: 08090640003 E-mail: ctbr.micro@nimr.gov.ng Web site: **www.nimr.gov.ng**

Specimen Examination Request Form for Tuberculosis (to be completed by requesting facility)

Specimen Identification No: (*For Official Use Only*) _____

Name of Patient: _____

Age: _____ Date of Birth: _____ Sex (Tick one) M ☐ F ☐ Tel No_____

Patient address: _____

E-mail address: _____

HIV Status: Positive ☐ Negative ☐ Unknown ☐

Name of Health Facility: _____

Health Facility Address: _____

Reason for examination (Tick one): Diagnosis ☐ Follow-up examination ☐ Month of Follow-up ☐

Others (specify):_____

Test request needed (Tick any):

Xpert MTB/RIF ☐ Smear for AFB ☐

Solid Culture ☐ Liquid Culture ☐

1st line LPA ☐ 2nd lines LPA ☐

1st line DST (Solid) ☐ 2nd line DST (Solid) ☐

1st line DST (Liquid) ☐ 2nd line DST (Liquid) ☐

Others specify: _____

Type of specimen: _____ Date of specimen collection: _____

Time of specimen collection: _____ Number of specimens sent with form: _____

Name of Person requesting examination: _____ Signature: _____

Phone Number: _____ E-mail Address: _____

Kindly indicate how result will be sent (Tick as apply): E-mail ☐ Pick-up ☐

Note 2: Please note that a consent form is available for your review

---

For Official Use Only

Specimen Received By: _____ Date: _____ Time: _____

Type of Specimen Received: _____

Sample Accepted: Yes ☐ No ☐

If No (Reason): _____-