CENTRE FOR TUBERCULOSIS RESEARCH (NATIONAL TUBERCULOSIS REFERENCE LABORATORY)

M0588A

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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_____

Note: All asterisks are accredited

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): _____-