Tuberculosis Samples Examination Request Form

(ALL INFORMATION MUST BE FULLY COMPLETED)

Patient Name:_____Age:____ Gender: ☐ M ☐ F Weight:____Kg Height:_____cm

Address, Village: _____ House n°: _____ Unit: _____

District: _____ Province: _____

Phone n°: _____ Mobile phone n°: _____

Relative contact: _____ Phone/Mobile n°: _____

Presumptive TB case identified by (tick): ☐ Provincial Hospital ☐ District:_____

☐ TB unit ☐ HIV unit ☐ OPD/IPD ☐ MCH ☐ PPM ☐ HC ☐ Prison ☐ Community:_____

☐ Contact of TB ☐ ACF ☐ Other:_____

Laboratory number at district level (if applicable): _____

Specimen: ☐ Sputum ☐ Other specimen, specify:_____

Reason for examination

Treatment follow up specimen examined by direct smear microscopy:

☐ F. Treatment follow-up at the end of month ☐ 2 ☐ 5 ☐ 6 Treatment register number: _____

Diagnosis Examined by Xpert:

☐ First Xpert test (never been tested by Xpert before)

☐ Repeated: Previous Xpert ID:_____Previous Xpert result:_____Previous date of test:_____

Patient TB treatment history (tick one only):

☐ 0. Patient who never received TB treatment

☐ 1. Contact of a proven RR/MDR-TB case (with or without symptoms)

☐ 2. Previously treated patients who present: failure, relapse or return after loss to follow-up

☐ 3. Smear positive at any time during the treatment follow-up

☐ 4. Patient is not getting better or getting worse during continuation phase

Requested by:_____ Phone n°:_____

Hospital:_____ Province: _____ District: _____

Request Date: _____

Signature:

Examination Results (For laboratory use only)

Examination n°: _____

Date specimen received: _____

Date of specimen collection	Appearance*	**Direct Smear Result**	**GeneXpert Result**
			☐ **T** ☐ **TI** ☐ **TT** ☐ **RR** ☐ **N** ☐ **I**

** Visual appearance of sputum (blood-stained/muco-purulent/saliva)*

Remark:

Examined by: _____ Date:_____ Signature: _____

Verified by: _____ Date:_____ Signature: _____

Name/Stamp of the Lab:_____