



NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM/NATIONAL TUBERCULOSIS REFERENCE LABORATORY

LABORATORY REQUEST FORM

*****ALL FIELDS ARE MANDATORY*****

PATIENT INFORMATION

Full Name (3 Names)*: Age*: Sex*: Male Female

Mobile No* : Alternative Mobile No* : National Identification / NEMIS No* :

Physical Address* : Ward/Department* : IP/OP Number* : TB / MDRTB Register No* :

REQUESTER DETAILS

MFL CODE* :Name of facility* : County* :Sub County* :

Name of clinician* :Facility/clinician Phone Number* :Facility/clinician Email* :

Name of SCTL* :SCTL Phone number* :SCTL Email* :

CMLC/SCMLC Name* : CMLC/SCMLC Email address* :

RELEVANT CLINICAL INFORMATION (Tick (✓) where appropriate)

Type of Patient:	HIV Status	Type of TB:	
		DS TB	DR TB
New ()	Positive ()	PTB ()	INH Mono Resistant ()
Failure of Retreatment ()	Negative ()	EPTB ()	RR ()
Relapse Smear positive: ()	Declined ()	TB Adenitis ()	MDR ()
Relapse Smear Negative: ()	Not done ()	Skeletal TB ()	Poly drug resistant ()
Failure of First Line ()		TB Meningitis ()	specify:.....
Treatment after loss to follow up ()	Date tested:	Other (Specify)	Pre XDR ()
DR TB follow up ()			XDR ()

Reasons for Examination (Tick (✓) where appropriate)

Drug sensitive TB: New () Follow up 2 Months () 3 months () 5 months () 6 months ()

Drug resistant TB: Baseline () Follow up () Specify Month of follow up:

SAMPLE DETAILS (Tick (✓) where appropriate)

Sample type	Test requested:	
Sputum () Others:	Smear Microscopy ()	Other Tests TB LAM () Sequencing () BD MAX () TRUENAT () Interferon Gamma Release Assay (IGRA): a) Quantiferon () b) T- spot ()
CSF ()	GeneXpert ()	
Gastric aspirate ()	First Line LPA ()	
Pleural fluid ()	Second Line LPA ()	
Stool ()	Culture ()	
Urine ()	DST First Line ()	
Ascitic fluid ()	DST Second Line ()	
FNA ()		
Lymph node biopsy ()		
Nasopharyngeal aspirate ()		

Date of sample collection: Time: Date sample received at testing lab: Time:

Low Risk for DR TB

All Presumptive TB cases who are not in the high risk group including:
 () People Living with HIV with TB symptoms
 () Children <15 years with TB symptoms
 () All Presumptive TB cases

High Risk for DR TB

() Previously treated TB patients: treatment failures
 () Drug Resistant TB patient contacts
 () TB patients with a positive smear result at month 2, 3 or 5 of TB treatment
 () Patients who develop TB symptoms while on IPT or has had previous IPT exposure
 () Healthcare workers with TB symptoms
 () Prisoners with TB symptoms
 () Refugees with symptoms of TB

LAB REPORT (LAB USE ONLY)

Date: Time Sample Tested: Method used: ZN FM Xpert

Lab serial no	Specimen type	Visual Appearance	Results								Date & Time dispatched
			Neg	Actual no.	+	++	+++	Xpert results**	TB LAM	Others:	
										Pos <input type="checkbox"/> Neg <input type="checkbox"/>	

**select one of the following

TS: MTB detected Rif resistance not detected

N: MTB not detected

RR: MTB detected & Rif resistance detected

I: Invalid/No results/Error

TI: MTB detected Rif resistance indeterminate

Tr: MTB detected Trace

Examined by (Name and Signature) Laboratory Name Date...../...../.....

Reviewed by (Name and Signature) Laboratory Name Date...../...../.....