

**NATIONAL TUBERCULOSIS LEPROSY LUNG DISEASE PROGRAM / NATIONAL TUBERCULOSIS REFERENCE
LABORATORY FOR AFB/XPERT/LPA /CULTURE AND DST LABORATORY REQUEST FORM**

Patient Name (3 Names):

Age: Sex:..... Patient's Mobile No.

Patient Identification (ID): TB / MDRTB Register No:..... IP/OP
Ward/Department: Facility: sub County: No:

Clinician Mobile No: Email: County:

SCTLC Mobile No: Email: Signature:

Date sample was collected: Time:

Sample Type:

HIV Status:	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not Done	<input type="checkbox"/>	Declined	<input type="checkbox"/>
Type of TB:	PTB	<input type="checkbox"/>	EPTB	<input type="checkbox"/>	Specify		
Type of Patient:	New	<input type="checkbox"/>	Relapse	<input type="checkbox"/>	Failure	<input type="checkbox"/>	Treatment after loss to follow up	<input type="checkbox"/>
Test requested:	Smear	<input type="checkbox"/>	First Line LPA	<input type="checkbox"/>	Culture & First Line DST	<input type="checkbox"/>		
	GeneXpert	<input type="checkbox"/>	Second Line LPA	<input type="checkbox"/>	Culture & Second Line DST	<input type="checkbox"/>		

Reasons for Examination

Drug sensitive TB:	New	<input type="checkbox"/>	Follow up at 2 months	<input type="checkbox"/>	4 Months	<input type="checkbox"/>	6 months	<input type="checkbox"/>	Others specify
Drug resistant:	Baseline	<input type="checkbox"/>	Follow up	<input type="checkbox"/>	Specify Month of follow up				

Indications for GeneXpert: (Tick) (See the various indications and tick corresponding box)

1. 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 with a negative smear microscopy result

2. 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 or month 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 REPORTDate Time Sample received Method used: ZN ☐ FM ☐ Xpert ☐

Lab serial no.	Specimen type	Visual Appearance	Results						Date & Time dispatched
			Neg	Actual no.	+	++	+++	Xpert results**	

**select one of the following

TS MTB detected Rif resistance not detected
RR MTB detected & Rif resistance detected
TI MTB detected Rif resistance indeterminate

N MTB not detected
I Invalid/No results/Error

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

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