



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 ID / NEMIS/ Passport no\*: \_\_\_\_\_  
 Physical Address\*: \_\_\_\_\_ Ward/Department\*: \_\_\_\_\_ IP/OP Number\*: \_\_\_\_\_ TB / MDRTB Register No\*: \_\_\_\_\_

REQUESTER DETAILS

Date \_\_\_/\_\_\_/\_\_\_

Name of facility\*: \_\_\_\_\_ Sub County\*: \_\_\_\_\_ County\*: \_\_\_\_\_ MFL CODE\*: \_\_\_\_\_  
 Name of clinician\*: \_\_\_\_\_ Facility/clinician Phone Number\*: \_\_\_\_\_ Facility/clinician Email\*: \_\_\_\_\_  
 Name of SCTLC\*: \_\_\_\_\_ SCTLC Phone number\*: \_\_\_\_\_ SCTLC Email\*: \_\_\_\_\_  
 CMLC/SCMLC Name\*: \_\_\_\_\_ CMLC/SCMLC Email address\*: \_\_\_\_\_  
 Laboratory Manager Name: \_\_\_\_\_ Laboratory/Laboratory Manager Email address: \_\_\_\_\_

RELEVANT CLINICAL INFORMATION (Tick (✓) where appropriate)

Type of Patient:	HIV Status	Type of TB:	
Presumptive TB by Symptoms <input type="checkbox"/>	Positive <input type="checkbox"/>	DS TB	
Presumptive TB by X-ray <input type="checkbox"/>		PTB <input type="checkbox"/>	EPTB
Presumptive TB Contact of DS TB <input type="checkbox"/>	Negative <input type="checkbox"/>	TB Adenitis <input type="checkbox"/>	DR TB
Presumptive TB Contact of DR TB <input type="checkbox"/>	Declined <input type="checkbox"/>	TB Bones <input type="checkbox"/>	INH Mono Resistant <input type="checkbox"/>
New TB Patient <input type="checkbox"/>	Not done <input type="checkbox"/>	TB Skin <input type="checkbox"/>	RR <input type="checkbox"/>
Previously treated for DSTB <input type="checkbox"/>	Date tested: ___/___/___	TB Meningitis <input type="checkbox"/>	MDR <input type="checkbox"/>
Previously Treated for DR TB <input type="checkbox"/>		Other (Specify) _____	Poly drug resistant <input type="checkbox"/>
TB Patient of Unknown Treated History <input type="checkbox"/>			Specify _____
			Pre XDR <input type="checkbox"/>
			XDR <input type="checkbox"/>

Reasons for Examination (Tick (✓) where appropriate)

Drug Susceptible 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:	Other Tests
Sputum <input type="checkbox"/> Others: _____	Smear Microscopy <input type="checkbox"/>	LF LAM <input type="checkbox"/>
CSF <input type="checkbox"/>	GeneXpert <input type="checkbox"/>	TB LAMP <input type="checkbox"/>
Gastric aspirate <input type="checkbox"/>	TRUENAT <input type="checkbox"/>	Genome Sequencing <input type="checkbox"/>
Pleural fluid <input type="checkbox"/>	First Line LPA <input type="checkbox"/>	Any other test specify: _____
Stool <input type="checkbox"/>	Second Line LPA <input type="checkbox"/>	Interferon Gamma Release Assay (IGRA): <input type="checkbox"/>
Urine <input type="checkbox"/>	Culture <input type="checkbox"/>	
Ascitic fluid <input type="checkbox"/>	DST First Line <input type="checkbox"/>	
FNA <input type="checkbox"/>	DST Second Line <input type="checkbox"/>	
Lymph node biopsy <input type="checkbox"/>		
Nasopharyngeal aspirate <input type="checkbox"/>		

Date of sample collection: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Date sample received at testing lab: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

LAB REPORT (LAB USE ONLY)

Date: \_\_\_/\_\_\_/\_\_\_ Time Sample Tested: \_\_\_\_\_ Method used: ZN  FM

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

Examined by (Name and Signature) \_\_\_\_\_ Laboratory Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Reviewed by (Name and Signature) \_\_\_\_\_ Laboratory Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_