TB 06

THE UNITED REPUBLIC OF TANZANIA

Ministry of Health

National TB and Leprosy Programme

Request and Reporting form for TB Culture and Drug Susceptibility testing

FACILITY: _____

COUNCIL: _____

REGION: _____

2023 Edition

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Ministry of Health

National TB and Leprosy Programme

Request and Reporting form for TB Culture and Drug Susceptibility testing

ORIGIN OF REQUEST

Region ID/Code:_____ Council ID /Code:_____ Local laboratory name:_____

Health Facility Name:_____ Ward / Department: _____

PATIENT DETAILS

Patient TB registration no: _____ TB previous no _____

Patient Name (Three names): _____ Phone number: _____

Age:_____ Sex:_____

Physical Address_____ Council _____ Region: _____

HIV Status *: ☐ Unknown ☐ Reactive ☐ Non-reactive [* Can be disclosed optionally]

TB DISEASE TYPE AND TREATMENT HISTORY

Site: ☐ Pulmonary ☐ Extra pulmonary (specify):_____

Treatment History: ☐ New ☐ Relapse ☐ Treatment after failure ☐ Treatment after loss follow up ☐ Other previously treated

Drug Regimen: ☐ First Line Drugs ☐ Second Line Drug; ☐ Shorter Regimen ☐ Long Regimen

SPECIMEN DETAILS

Type of Specimen ☐ Sputum
☐ Others _____ Local Lab serial number _____

Date of specimen collection ____/____/20____ Time _____ Collected by _____

Local laboratory Initial Test Results: Technique used: ☐ Ziehl-Neelsen ☐ Fluorescence ☐ TB LF LAM ☐ Xpert MTB/Rif Ultra ☐ Truenat

Results: Smear Result: 1st_____ 2nd_____ TB LF LAM Results _____ Molecular (Xpert, Truenat) _____

☐ Rifampicin resistance Test Date _____

Reason for sample Referral: ☐ Diagnosis ☐ MDR-TB follow up ☐ XDR-TB follow up

☐ Follow-up at____ months **DURING** treatment

☐ Follow-up at____ months **AFTER** treatment ☐ Other specify: _____

Requested Examination: ☐ **Microscopy** ☐ **Culture** ☐ **DST** ☐ **LPA** ☐ **Xpert MTB/ XDR** ☐ **Others** _____

Requested by: Name: _____ **Position:** _____

Contact _____ **Signature** _____

Zonal TB Reference Laboratory: _____ **Specimen serial number:** _____

Specimen received by (Name/Initials) _____ Date ____/____/20____ Time_____

Appearance _____ Volume _____ ml Date of specimen processing _____/_____/20 _____ Time _____

Microscopic examination:

Neg	Scanty	+	++	+++	Date/Time	Reported by

Key: Scanty ZN 1-9, FM 1-29

Liquid Culture / MGIT

Pos	Neg	Contaminated	Date/Time	Reported by

Solid Culture / LJ

Contaminated	Neg	*Mycobacterium tuberculosis* complex				Non-MTB (species)	Date/Time	Reported by
		1-9 colonies (actual count)	10 – 100 col (+)	>100 - 200 col (++)	>200 col (+++)			

DST Results: ☐ Will follow Date DST done_____/_____/20_____ Time _____ DST Batch: _____

Xpert MTB/Rif Ultra

N	T	RR	TI	TT	I	**Date/Time**	**Reported by**

Line Probe Assay

	Result	Date/Time	Reported by
RIF			
INH			
Fluoroquinolones			
Amikacin (AMK)			

Xpert MTB/XDR

	Result	Date/Time	Reported by
Isoniazid			
Fluoroquinolone			
Amikacin			
Kanamycin			
Capreomycin			
Ethionamide			

Comments: _____

Report type ☐ **Preliminary Results** ☐ **Revised Results** ☐ **Final Results**

Results report verified by: _____ **Date:** ____/_____ **/20**_____ **Time**_____ **Signature:** _____

☐ **Referred to CTRL;**

Reason: _____ Date: _____/_____/20_____ Time: _____

Name: _____ Position: _____ Contact _____ Sign _____

For Central TB Reference Laboratory /Zonal Use:

Specimen Lab No: _____ Specimen type: _____ Appearance _____ Volume _____ ml

Specimen received by (Name/Initials) _____ Date _____/_____/20_____ Time_____

Date of specimen processing _____/_____ /20_____ Time _____

Phenotypic DST Results **Method** _____

	INH	RIF	EMB	Bdq	DLm	Lzd	Cfz	MOX	PYZ	AMK	LFx	Cs	Date/Time	Reported by
Result														

INH=Isoniazid; RIF=Rifampicin; EMB=Ethambutol; Bdq=Bedaquiline, DLm=Delamanid Lzd=Linezolid; Cfz=Clofazimine; MOX=Moxifloxacin; PYZ=Pyrazinamide; AMK=Amikacin; Lfx=Levofloxacin Cs=Cycloserine

Comments: _____

Report type: ☐ **Preliminary Results** ☐ **Revised Results** ☐ **Final Results**

Reported by: Name: _____ **Position:** _____

Contact _____ **Signature:** _____

Results report verified by: _____ **Date:**_____/_____ **/20**____ **Time** _____ **Signature:**_____