

EXAMINATION FOR MYCOBACTERIUM TUBERCULOSIS DRUG SUSCEPTIBILITY

State laboratory number

Please print or type.

Patient's name (last, first)	Home address	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Physician's name	Physician address		

Please indicate any reason to suspect drug-resistant TB

Return to: Case history including chemotherapy (if available):

Name

Address

ZIP code

Submitting Laboratory's Findings

Lab number	Date specimen collected	Date of subculture	DRUG SUSCEPTIBILITY TEST RESULTS				
			7H10 AGAR		<input type="checkbox"/> MGIT	<input type="checkbox"/> Other:	
			Drug	Conc. mcg/ml	% Resistant	Drug	Conc. mcg/ml
Source: <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____ Specimen type: <input type="checkbox"/> Culture: <input type="checkbox"/> LJ <input type="checkbox"/> Other _____ <input type="checkbox"/> Sediment; AFB smear result: <input type="checkbox"/> 1+; <input type="checkbox"/> 2+; <input type="checkbox"/> 3+; <input type="checkbox"/> 4+; <input type="checkbox"/> Mycobacterium tuberculosis complex identified. Test requested: <input type="checkbox"/> Primary drugs (IREP) <input type="checkbox"/> Second-line drugs <input type="checkbox"/> Pyrosequencing (detection of drug resistance mutations) <input type="checkbox"/> Other: _____	INH	0.2					
		1					
	SM	2					
		10					
	Ethambutol	5					
		10					
	Rifampin	1					
		5					

SUBMITTER SHOULD COMPLETE ALL INFORMATION ABOVE THIS LINE. DO NOT WRITE BELOW.

State Laboratory Drug Susceptibility Test Results