

THE UNITED REPUBLIC OF TANZANIA



Ministry of Health

National TB and Leprosy Programme

# REQUEST AND REPORT FORM FOR BIOLOGICAL SPECIMEN FOR TB AND LEPROSY

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Name of health facility \_\_\_\_\_ Date of request: \_\_\_/\_\_\_/20\_\_\_ Time: \_\_\_\_\_  
 Name of patient \_\_\_\_\_ Age \_\_\_ Sex (M/F) \_\_\_  
 National ID \_\_\_\_\_ Date of collection: \_\_\_/\_\_\_/20\_\_\_ Time: \_\_\_\_\_

Physical address (ward, street, village, house number) \_\_\_\_\_

Contact telephone/mobile no \_\_\_\_\_ TB Registration No \_\_\_\_\_

Area leader/ neighbor \_\_\_\_\_ Laboratory Serial No \_\_\_\_\_

## Reason for examination

Or  Diagnosis. If diagnosis, TB  Presumptive DR  Leprosy

Follow-up. If follow-up, month on treatment \_\_\_\_\_

HIV status  Reactive  Non reactive  Unknown

Previously treated for TB?  Yes  No

Specimen type  Sputum  CSF  Peritoneal fluid  Stool  CSF

Skin smear  Pleural fluid  Lymph node  Urine  Other \_\_\_\_\_

Test(s) requested  Microscopy  Molecular Test

Name and signature of person requesting examination \_\_\_\_\_ Mobile Contact \_\_\_\_\_

## Contact RTLC/DTLC if result is RR

RTLC Name \_\_\_\_\_ Mobile Contact \_\_\_\_\_

DTLC Name \_\_\_\_\_ Mobile Contact \_\_\_\_\_

## Results (to be completed in the laboratory)

Laboratory serial no \_\_\_\_\_ Date of reception \_\_\_/\_\_\_/20\_\_\_ Time \_\_\_\_\_  ZN  FM

Date	Specimen	Received by	Tested by	Appearance*	Result (Tick one)					
					Neg	Scanty**	+	++	+++	
	A									
	B									
					N	T	TI	TT	RR	I
	Xpert MTB/Ultra									
	Truenat									

\*Visual appearance of sputum (blood stained, purulent, mucous, mucopurulent, salivary)

\*\*Scanty Result report exactly number; ZN=1-9, FM= 1-29

N = MTB not detected; T = MTB detected rifampicin resistance not detected; RR = MTB detected rifampicin resistance detected

; TI = MTB detected rifampicin resistance indeterminate; TT= MTB detected trace rifampicin resistance indeterminate;

I = Error / No result / Invalid

## Skin smear result (to be completed in laboratory)

Ear lobe	Lesion

Date \_\_\_/\_\_\_/20\_\_\_ Time \_\_\_\_\_ Examined by \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/20\_\_\_ Time \_\_\_\_\_ Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Result report verified by : \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_