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

THE UNITED REPUBLIC OF TANZANIA

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 ☐ Xpert MTB/Rif Ultra ☐ Truenat

Results: Smear Result: 1st_____ 2nd_____ 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:**_____