

Request form for smear microscopy and Xpert assays

REQUEST (to be completed by the clinician)				
Sender information				
Facility	Address		Date of request ^a / /	
Requested by (name and signature)		Phone	Email	
Patient information				
Name, surname		Age	Date of birth ^a / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
TB register N° ^b	Address		Phone	
Clinical information				
History of TB treatment:		<input type="checkbox"/> New case	<input type="checkbox"/> Previously treated	<input type="checkbox"/> Unknown
If previously treated:		<input type="checkbox"/> For DS-TB	<input type="checkbox"/> For DR-TB	
Outcome previous treatment:		<input type="checkbox"/> Failure	<input type="checkbox"/> Relapse	<input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Unknown
Specimen information				
Type of specimen	<input type="checkbox"/> Sputum	<input type="checkbox"/> Other (specify) ^c :		
Date of collection ^a : / /		Time of collection:		
Test requested				
Microscopy				
<input type="checkbox"/> Diagnostic	Specimen number ^d :	<input type="checkbox"/> Follow-up	Month ^e :	
<input type="checkbox"/> Xpert MTB/RIF (or Ultra)		<input type="checkbox"/> Xpert MTB/XDR		
<input type="checkbox"/> Diagnostic	Specimen number ^d :	<input type="checkbox"/> Other (specify) ^f :		
RESULTS (to be completed by the laboratory)				
Microscopy				
Lab. register N°	<input type="checkbox"/> Ziehl-Neelsen	<input type="checkbox"/> Fluorescence		
Visual appearance ^g	<input type="checkbox"/> No AFB	<input type="checkbox"/> Scanty	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+ <input type="checkbox"/> 3+
		Exact number:		
Laboratory name:		Date of examination ^a : / /		
Examined by (name and signature):				
Xpert MTB/RIF				
Lab. register N°	MTB	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Trace <input type="checkbox"/> Inconclusive ^h
	Résistance RIF	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
Xpert MTB/XDR				
Lab. register N°	MTB	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Inconclusive ^h
	Low H resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
	H resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
	Low FQ resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
	FQ resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
	Amk resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
	Eto resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
Laboratory name:		Date of examination ^a : / /		
Examined by (name and signature):				

- a dd/mm/yyyy
- b For registered patients only (i.e. diagnosed and on treatment).
- c Cerebrospinal fluid (CSF), gastric aspirate (GA), stool (ST), fine needle aspirate (FNA), nasopharyngeal aspirate (NPA), etc.
- d 1 if first specimen, 2 if second specimen, etc.
- e 1 for the first month of treatment, 2 for the second month of treatment, etc.
- f Suspicion of emergence of a new resistance, etc.
- g Muco-purulent (M), blood stained (B), saliva (S).
- h Inconclusive results include: no result, invalid results, and error.