

## Request form for smear microscopy and Xpert assays

REQUEST (to be completed by the clinician)				
<b>Sender information</b>				
Facility	Address		Date of request <sup>a</sup> / /	
Requested by (name and signature)		Phone	Email	
<b>Patient information</b>				
Name and surname		Age	Date of birth <sup>a</sup> / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
TB register N° <sup>b</sup>	Address		Phone	
<b>Clinical information</b>				
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
<b>Specimen information</b>				
Type of specimen	<input type="checkbox"/> Sputum	<input type="checkbox"/> Other (specify) <sup>c</sup> :		
Date of collection <sup>a</sup> :	/ /	Time of collection:		
<b>Test requested</b>				
<b>Microscopy</b>				
<input type="checkbox"/> Diagnostic	Specimen number <sup>d</sup> :	<input type="checkbox"/> Follow-up	Month <sup>e</sup> :	
<input type="checkbox"/> Xpert MTB/RIF (or Ultra) <input type="checkbox"/> Xpert MTB/XDR				
<input type="checkbox"/> Diagnostic	Specimen number <sup>d</sup> :	<input type="checkbox"/> Other (specify) <sup>f</sup> :		
RESULTS (to be completed by the laboratory)				
<b>Microscopy</b>				
Lab. register N°	<input type="checkbox"/> Ziehl-Neelsen	<input type="checkbox"/> Fluorescence		
Visual appearance <sup>g</sup>	<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 <sup>a</sup> : / /		
Examined by (name and signature):				
<b>Xpert MTB/RIF</b>				
Lab. register N°	MTB	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Trace <input type="checkbox"/> Inconclusive <sup>h</sup>
	Résistance RIF	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Indeterminate
<b>Xpert MTB/XDR</b>				
Lab. register N°	MTB	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Inconclusive <sup>h</sup>
	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 <sup>a</sup> : / /		
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.