Request form for culture, pDST, LPA, genome sequencing

|  |
| --- |
| **REQUEST** *(to be completed by the clinician)* |
| **Sender information** |
| Facility Address Date of requesta/ / |
| Requested by (name and signature) Phone Email |
| **Patient information** |
| Name and surname Age Date of birtha Sex ☐ M ☐F/ / |
| TB register N° b Address Phone |
| **Clinical information** |
| History of TB treatment: ☐ New case ☐ Previously treated ☐ Unknown If previously treated: ☐ For DS-TB ☐ For DR-TBOutcome previous treatment: ☐ Failure ☐ Relapse ☐ Lost to follow-up ☐ Unknown |
| **Specimen information** |
| Type of specimen ☐ Sputum ☐ Other *(specify)*c: |
| Date of collectiona: / / | Time of collection: |
| **Test requested** |
| **Culture** |
| * Diagnostic Specimen numberd:
 | * Follow-up Monthe:
 |
| **pDST** |
| * Diagnostic Specimen numberd:
 | * Follow-up Monthe:
 |
| Drugs ☐ First-line ☐ Lfx ☐ Mfx ☐ Bdq ☐ Lzd☐ Cfz ☐ Dlm ☐ ☐ ☐ |
| **LPA** ☐ **First-line** ☐ **Second-line** |
| * Diagnostic Specimen numberd:
 | * Other *(specify)*f:
 |
| **Genome sequencing** ☐ **Deeplex** ☐ **Other** *(specify)*: |
| * Diagnostic Specimen numberd:
 | * Other *(specify)*f:
 |

1. dd/mm/yyyy
2. For registered patients only (i.e. diagnosed and on treatment).
3. Cerebrospinal fluid (CSF), gastric aspirate (GA), stool (ST), fine needle aspirate (FNA), nasopharyngeal aspirate (NPA), etc.
4. 1 if first specimen, 2 if second specimen, etc.
5. 1 for the first month of treatment, 2 for the second month of treatment, etc.
6. Suspicion of emergence of a new resistance, etc.

1