

Request form for culture, pDST, LPA, genome sequencing

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 and surname		Age	Date of birth ^a / /	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
TB register N ^o ^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					
Culture					
<input type="checkbox"/> Diagnostic	Specimen number ^d :		<input type="checkbox"/> Follow-up	Month ^e :	
pDST					
<input type="checkbox"/> Diagnostic	Specimen number ^d :		<input type="checkbox"/> Follow-up	Month ^e :	
Drugs	<input type="checkbox"/> First-line	<input type="checkbox"/> Lfx	<input type="checkbox"/> Mfx	<input type="checkbox"/> Bdq	<input type="checkbox"/> Lzd
	<input type="checkbox"/> Cfz	<input type="checkbox"/> Dlm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPA <input type="checkbox"/> First-line <input type="checkbox"/> Second-line					
<input type="checkbox"/> Diagnostic	Specimen number ^d :		<input type="checkbox"/> Other (specify) ^f :		
Genome sequencing <input type="checkbox"/> Deeplex <input type="checkbox"/> Other (specify):					
<input type="checkbox"/> Diagnostic	Specimen number ^d :		<input type="checkbox"/> Other (specify) ^f :		

^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.