

## Appendix 27. Request form for microscopy and Xpert MTB/RIF

### REQUEST (to be completed by the clinician)

TB register N° \_\_\_\_\_ Date \_\_\_\_\_

Patient's name \_\_\_\_\_ Age \_\_\_\_\_ Sex M  F

Address \_\_\_\_\_

Site of TB: Pulmonary  Extrapulmonary

Type of specimen: Sputum  Other  Specify: \_\_\_\_\_

Microscopy: Diagnosis\*  Follow-up\*\*  (circle one)  2/3mo  4/5mo  6/8mo

Xpert requested: Yes  No

Number of Xpert: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

#### Indication for Xpert MTB/RIF:

TB diagnosis  RR-TB screening

Indicate risk group: new case (NC), failure (F), other previously treated case (PTC), smear positive at month 2-3 (M2), contact (C), other (O)

Date of sputum collection \_\_\_\_\_

Name of specimen collector \_\_\_\_\_

Name of requesting clinician \_\_\_\_\_ Signature of requesting clinician \_\_\_\_\_

\* New cases or relapses

\*\* Patients on treatment

### RESULTS (to be completed by the laboratory technician)

Patient lab. N° \_\_\_\_\_

| Date | Sample lab N° | Sample quality* | Microscopy results       |                          |                          |                          |                          | Xpert results** |                          |                |                          |
|------|---------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
|      |               |                 | Neg                      | Scanty                   | 1+                       | 2+                       | 3+                       | MTB             |                          | RIF resistance |                          |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dected          | <input type="checkbox"/> | Dected         | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not detected    | <input type="checkbox"/> | Not detected   | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non conclusive  | <input type="checkbox"/> | Non conclusive | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dected          | <input type="checkbox"/> | Dected         | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not detected    | <input type="checkbox"/> | Not detected   | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non conclusive  | <input type="checkbox"/> | Non conclusive | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dected          | <input type="checkbox"/> | Dected         | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not detected    | <input type="checkbox"/> | Not detected   | <input type="checkbox"/> |
|      |               |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non conclusive  | <input type="checkbox"/> | Non conclusive | <input type="checkbox"/> |

\* Indicate: muco-purulent/salivary/bloody.

\*\* Fill only for the sample tested by Xpert.

Date \_\_\_\_\_ Examined by (name) \_\_\_\_\_

Examined by (signature) \_\_\_\_\_