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: 1st ☐ 2nd ☐ 3rd ☐

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° __________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Sample lab N°</th>
<th>Sample quality*</th>
<th>Microscopy results</th>
<th>Xpert results**</th>
<th>MTB</th>
<th>RIF resistance</th>
</tr>
</thead>
<tbody>
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</table>

** Fill only for the sample tested by Xpert.

Date ___________________________ Examined by (name) ___________________________
Examined by (signature) ___________________________