

Appendix 28. Request form for sputum culture, LPA and DST

Send 2 samples (A and B) and fill in one request form for each patient.

Name and address of requesting facility _____

Indication (tick all that apply):

- Culture for diagnosis of TB
- Culture for confirmation of failure
- DST for risk groups
- Specify: New case Failure Other previously treated case
- Contact Smear-positive at Month 2-3 Others
- Confirmation of RIF resistance by Xpert.....
- DST survey
- Follow-up culture and DST At Month _____

Case definition:

- TB suspect
- New case
- Re-treatment.....
- Failure (new case treatment)
- Failure (re-treatment)
- Relapse.....
- Treatment after interruption
- Others

Patient information:

TB register number (if applicable) _____ Date registration _____

Surname _____

Name _____ Sex _____ Age _____

Sputum specimen(s):

Sample number _____ Date collection specimen A _____

_____ Date collection specimen B _____

Request type of DST (if applicable):

- DST for first-line drugs Yes No
- DST for second-line drugs Yes No
- LPA (Hain test to H and R) Yes No

Date of sample shipment _____