

PATIENT'S LAST NAME FIRST NAME SEX DOB (MM/DD/YYYY)

MEDICAL RECORD NUMBER SUBMITTER REFERENCE NUMBER DIN IN RESPIRATORY ISOLATION?
 YES NO

COUNTY / STATE OF RESIDENCE SPECIMEN TYPE / BODY SITE DATE SPECIMEN TAKEN (MM/DD/YY)

EXAM REQUESTED

- 1. **FAST TRACK* diagnostic package** (direct molecular detection; microscopy; culture; identification; susceptibility testing)**
- 2. **MDR-TB suspect diagnostic package** (direct molecular detection; microscopy; culture; identification; molecular, broth-based, and agar-based susceptibility testing)**
- 3. **Routine specimen / low likelihood of tuberculosis** (microscopy; culture; identification and susceptibility testing as needed)**
- 4. **Follow-up specimen / diagnosis of tuberculosis already established** (microscopy; culture; identification and susceptibility testing as needed)**
- 5. **Mycobacterium tuberculosis complex package** (final identification/deletion analysis; susceptibility testing, universal genotyping)***
- 6. **Confirmation of drug-resistant Mycobacterium tuberculosis complex** (final identification/deletion analysis; molecular, broth-based, and agar-based susceptibility testing)***
- 7. **Universal genotyping only** (spoligotyping, MIRU, RFLP as needed)***
- 8. **Genotyping, special study** (spoligotyping, RFLP as needed)*** ' ****
- 9. **Identification of clinically significant nontuberculous mycobacteria** (genetic probes; DNA sequencing)***

OTHER _____

* AFB smear-positive patient or high likelihood of tuberculosis

** Sputum (5-10 ml) or other non-processed specimens (i.e., CSF, tissue, blood)

*** Pure culture [send an aliquot (at least 3 ml) from the primary broth medium rather than waiting for a grown subculture on a slant]. **Please enclose a copy of your current cumulative laboratory report.**

**** **Please attach justification and contact information.**

Person to be contacted for further information

Name _____ Title _____

Phone _____ Fax _____ E-mail _____

Submitter's Name, Address and Phone / FAX Extensions:

Infection Control Professional's Name, Phone / FAX Extensions:

STATE LABORATORY USE ONLY

Volume _____ Medium _____ DOH-2116d (01/2005)

Laboratory: (518) 474-4158 [phone] • (518) 474-6964 [fax] • tblab@health.state.ny.us [e-mail]

Anne Clobridge, Supervisor : (518) 474-7043 Jeffrey Driscoll, PhD: (518) 473-2639 (Genotyping) Max Salfinger MD, Director: (518) 474-2196

Located: at 120 New Scotland Avenue, Albany, NY 12208 • web site: www.wadsworth.org