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|  **Logo  Description automatically generated** | **Massachusetts State Public Health Laboratory****305 South St, Jamaica Plain, MA 02130 - 3597**CLIA # 22D0650270**MYCOBACTERIOLOGY SPECIMEN SUBMISSION FORM** |

**PRINT, LABEL OR STAMP: *COMPLETE ONE FORM PER SPECIMEN***

MA SPHL

 USE

ONLY

Submitting Site Patient Label

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| 1. **Submitting Facility (Receives Test Result):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility / Laboratory Name (*required)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # (must be the # for result notification) Secure Fax #: | **2. Patient Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient ID: Specimen ID Phone #: |
| 1. **Ordering Clinician/ Phone# *(required)*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name Last Name Phone # | **4. Gender:** [ ]  **M** [ ]  **F** [ ]  **Other** **DOB: \_\_\_\_\_\_\_\_\_** |
| **5. Race:** (Check One)[ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American☐ Native Hawaiian or Pacific Islander ☐ White [ ]  Other |
| **6. Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino |

**7. Test Requested:** [ ]  Mycobacteria testing panel (includes AFB smear, culture, and susceptibility testing, if indicated)

[ ]  Nucleic Acid Amplification Test (NAAT) [Sputum, Tracheal Aspirate, BAL, or BW only]

[ ]  Isolate identified by submitting site as Mycobacteria for confirmation. ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Culture, smear, Identification and Susceptibility will also be performed, if indicated.

**8. AFB Testing Completed by Submitting Facility on Specimen Prior to Submission?**

[ ]  **N/A** [ ]  **AFB Smear** Result **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **MTB NAAT** Result **\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Has this Specimen been Digested/Deconned Prior to Submission?** [ ]  **YES** [ ]  **NO**

 **If YES- Chemical used:** [ ]  **NALC-NaOH** [ ]  Oxalic Acid [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Collection Date:** *(required*) **\_\_\_\_\_\_\_\_\_\_\_ Collection Time:** *(required*) \_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **11. Specimen Source: (*required – one form per specimen)*** |
| **Primary Specimen Source (listed alphabetically)** |
| [ ]  Abscess: Indicate Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Blood [whole blood] (no microscopy) \*[ ]  Bone Marrow[ ]  Body Fluid: Indicate Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Bronchoalveolar lavage (BAL) Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Bronchial Wash (BW)[ ]  CSF[ ]  Gastric Aspirate/Washing (neutralized prior to submission) \*[ ]  Laryngeal Swab (Throat Swab) | [ ]  Lung Tissue: Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Pleural Fluid[ ]  Sputum: [ ]  Expectorated [ ]  Induced[ ]  Stool[ ]  Tissue: Indicate Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Tracheal Aspirate[ ]  Urine[ ]  Wound: Indicate Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Culture Isolate or Positive MGIT/Versa Trek Broth:** Indicate type of media submitted |
| [ ]  7H11 Slant/Plate [ ]  7H10 Slant/Plate [ ]  LJ Slant [ ]  7H9 Broth[ ]  Chocolate Agar Slant/Plate [ ]  Blood Agar Slant/Plate[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_Date Culture Isolate Inoculated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(when did the media being submitted get inoculated with the organism to ID?) | [ ]  Positive MGIT Broth[ ]  Versa Trek Positive Broth[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Broth detected as positive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Specimen collection instructions: <https://www.mass.gov/doc/specimen-collection-for-mycobacteriology-testing-instructions/download>