DO NOT USE THIS SPACE

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility / Laboratory Name *(required)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # Secure Fax #: | **2. Patient Info:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name, First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient ID: Phone #: |
| **4. Gender:** [ ]  M [ ]  F [ ]  Other **DOB:\_\_\_\_\_\_\_\_\_** |
| **5. Race:** (Check One)[ ]  American Indian or Alaska Native [ ]  Asian[ ]  Black or African American [ ]  White☐ Native Hawaiian or Pacific Islander [ ]  Other |
| 1. **Ordering Clinician/ Phone# *(required)*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Clinician Name (*First and Last Name)* Phone number |
| **6. Ethnicity:** [ ]  Hispanic or Latino [ ]  Non-Hispanic or Latino |

**7. Test Requested: Check here if patient has begun treatment** [ ]

[ ]  Mycobacteria testing panel
(includes microscopy/AFB smear, culture, and susceptibility testing if indicated)

[ ]  NAAT requested if specimen is smear negative (Sputum/BAL only)

**8. Prior AFB smear Results:**

[ ]  AFB smear positive (circle: 1+ 2+ 3+ 4+)

 [ ]  AFB smear negative

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

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| **10. Source of Specimen: (*required – one form per specimen)*** |
| **Pulmonary:**Sputum: [ ]  Expectorated [ ]  Induced [ ]  Tracheal Aspirate[ ]  Laryngeal Swab[ ]  Bronchoalveolar lavage (BAL): Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Bronchial wash (BW)[ ]  Pleural Fluid[ ] Gastric Aspirate/Washing (must be neutralized prior to submission)If specimen has been processed/concentrated, indicate prior test results:Smear: \_\_\_\_\_\_\_\_\_\_ NAAT/PCR:\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Isolate (Isolation date: \_\_\_\_\_\_\_\_\_\_) | **Extrapulmonary**:[ ]  Urine (no microscopy)[ ]  Tissue: Indicate source: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  Abscess: Indicate Source: \_\_\_\_\_\_\_\_[ ]  CSF[ ]  Body Fluid: Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Bone Marrow[ ]  Blood [whole blood, Yellow-top SPS, or green top with heparin] (no microscopy)[ ]  Stool (requires prior approval)[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |