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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |