Submitting Site Patient Label

Massachusetts State Public Health Laboratory
305 South St, Jamaica Plain, MA 02130 - 3597
CLIA # 22D0650270

MYCOBACTERIOLOGY SPECIMEN SUBMISSION FORM

MA SPHL USE ONLY

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

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 #:

3. 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)* _____

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 ☐ Positive MGIT Broth
☐ LJ Slant ☐ 7H9 Broth ☐ Versa Trek Positive Broth
☐ Chocolate Agar Slant/Plate ☐ Blood Agar Slant/Plate ☐ Other: _____
☐ Other: _____

Date Broth detected as positive _____

Date Culture Isolate Inoculated: _____
(when did the media being submitted get inoculated with the organism to ID?)

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