

**Section 1 - Patient Information**

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

DATE RECEIVED

**LABORATORY USE ONLY**

OUTBREAK ID

**Section 2 - Healthcare Provider Information**

<b>ORDERING PHYSICIAN</b> (Provide MSC#) Name and address of report delivery	<b>ADDITIONAL COPIES TO:</b> (Address / MSC#)  1.  2.  3.
<input type="checkbox"/> I do not require a copy of the report	
<b>CLINIC OR HOSPITAL</b> Name and address of report delivery	
<b>PHSA CLIENT NO.</b>	

**SAMPLE REF. NO.**

**DATE COLLECTED**  
(DD/MMM/YYYY)

**TIME COLLECTED**  
(HH:MM)

**Section 3 - Test(s) Requested**

<p><b>SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE</b></p> <p>INDICATE SAMPLE TYPE</p> <p><input type="checkbox"/> Sputum</p> <p><input type="checkbox"/> Induced Sputum</p> <p><input type="checkbox"/> Bronchial wash</p> <p><input type="checkbox"/> Tissue, specify source: _____</p> <p><input type="checkbox"/> Body fluid, specify source: _____</p> <p><input type="checkbox"/> Gastric wash (please use only pre-made buffered glass jars from BCCDC)</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Feces (Clinical history is mandatory)</p> <p><input type="checkbox"/> Other sample, specify: _____</p> <p>Special Test Requests*: _____</p> <p><small>*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033</small></p>	<p><b>INTER-LABORATORY SAMPLES</b></p> <p>SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING</p> <p>Has sample been digested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has sample been concentrated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Acid-fast smear result: _____</p> <p>Molecular result: _____</p> <p>Specify source: _____</p> <p>CULTURES OF MYCOBACTERIUM</p> <p>Date culture became positive: _____</p> <p>Specify source: _____</p> <p>Special Test Requests*: _____</p> <p><small>*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033</small></p>
<p><b>EXPOSURE / TREATMENT HISTORY</b></p> <p><input type="checkbox"/> Exposure to active TB case</p> <p><input type="checkbox"/> Exposure to MDR or XDR-TB Specify country of exposure: _____</p> <p><input type="checkbox"/> Member of high risk group Specify: _____</p> <p><input type="checkbox"/> Positive TB skin test or interferon-gamma release assay</p> <p><input type="checkbox"/> Currently on TB chemotherapy</p>	<p><b>CLINICAL HISTORY</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at <http://www.elabhandbook.info/PHSA/Default.aspx>

TB



BC Centre for Disease Control  
An agency of the Provincial Health Services Authority

## Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4  
[www.bccdc.ca/publichealthlab](http://www.bccdc.ca/publichealthlab)

