REQUEST FOR TUBERCULOSIS CULTURE AND DRUG SUSCEPTIBILITY TEST

Name of patient: ………………………………………………….   Date: ……………………………………………

Age: ………………   Sex: ……….....   Name of the institution: …………………………..

Patient's residential district: ……………………………………….   Ward & BHT/OPD/CC/District TB No: …………

Specimen : Sputum ☐   ………………………………………………….

Other ☐ specify: ………………………..

Results should be forwarded to: ………………………………………………………………………………………

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1. Reason for Culture:

1. For diagnosis: ☐   If so P / H TB   Yes ☐   No ☐
2. Pre-treatment: ☐   If so CAT I ☐   New ☐   PTB ☐   sm. pos. ☐
   Other ☐   sm. neg ☐
   EPTB ☐
   CAT 2 ☐   Relapse ☐
   Treatment after failure ☐
   Treatment after default ☐
   Other ☐
3. On treatment: ☐   If so   CAT 1 ☐   CAT 2 ☐   2 nd line drugs ☐

2. If previous cultures were done:

Lab serial No.	year	Result

3. ABST required or not: Yes ☐   No ☐

PTO

TEAR-OFF AND HAND OVER THIS PART TO THE PATIENT

Ward & BHT/OPD/CC/District TB No: …………………

Culture for TB was sent to NTRL on ……………………

4. **Anti-TB treatment given**:

Past - Yes ☐

No ☐

If Yes,

Drug	**From**	**To**
Isonizid	………….....	…………….
Rifampicin	………….....	…………….
Pyrazinamide	…………….	…………….
Ethambutol	…………..….	…………….
Streptomycin	…………..….	…………….

Present - Yes ☐

No ☐

If Yes,

Drug	**From**	**To**
Isonizid	………….....	…………….
Rifampicin	………….....	…………….
Pyrazinamide	………….....	…………….
Ethambutol	………….....	…………….
Streptomycin	………….....	…………….

Signature:………………………………………………

Designation: ……………………………………………..

Address of the sender: ……………………………………

……………………………………

Results - For Laboratory use only

Lab serial No: ...………………………..

Smear- Positive ☐ Grade: 3+ ☐ 2+ ☐ 1+ ☐ scanty ☐

Negative ☐

Culture: Positive ☐ Negative ☐ Contaminated ☐ Other ☐

Identification: MTB ☐ Atypical ☐ Other ☐ Specify ……………………………

Results of Sensitivity Test

Drug	**Sensitive**	**Resistant**
Isoniazid		
Rifampicin		
Ethambutol		
Streptomycin		

……………………………………

MLT/NTRL/Welisara

……………..……………………..

Date

………………………………………

Signature of the Cons.Microbiologist

NTRL/Welisara

...…………………………………..

Date