

LTBI Patient Update for Providers  
[Insert Your Program's Name]



To: [Clinician's Name]

Thank you for referring [Patient Name] to us for further evaluation of latent tuberculosis infection. Below please find a summary of your patient's evaluation and care plan. As your patient continues to complete their workup and treatment, you will be sent an updated form. Thank you for this referral and for helping to eliminate tuberculosis (TB) in [County]!

Feel free to contact us with any questions.

**TB Risk Assessment**

Your patient has the following risk factor(s) for TB:

- Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
- Immunosuppression, current or planned
- Close contact to someone with infectious TB disease
- Prior history of TB or LTBI treatment: \_\_\_\_\_
- Other: \_\_\_\_\_

**TB Testing**

Your patient had the following test and results

- TST result: \_\_\_\_\_(mm)     IGRA result: o Positive   o Negative
- Reported having a history of a positive TST or IGRA test in the past

**Radiographic Testing**

Your patient had a chest x-ray performed on \_\_\_\_\_ with the following results:

- Normal/clear
- Abnormal, concerning for TB: **[notable for]** \_\_\_\_\_
- Abnormal, not consistent with TB: \_\_\_\_\_
- Other \_\_\_\_\_

**LTBI Treatment Outcome**

Your patient was

- started on   OR    completed treatment with the following regimen:
  - Weekly isoniazid and rifapentine for 12 weeks     Daily isoniazid & rifampin for 4 months
  - Daily rifampin for 4 months     Daily isoniazid for 9 months
  - Daily isoniazid for 6 months     Other: \_\_\_\_\_
  - Daily rifampin, isoniazid, ethambutol and pyrazinamide for 2 months (as part of TB disease regimen while TB is being ruled out)
- Treatment was not started, patient declined     Did not complete treatment
- No indication for LTBI treatment

Comments: (e.g. reason for not starting or completing treatment)

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Please do not hesitate to contact us if you have any questions.

\_\_\_\_\_  
Signature/MD Name

\_\_\_\_\_  
Date