EXAMINATION FOR MYCOBACTERIUM TUBERCULOSIS DRUG SUSCEPTIBILITY

State laboratory number

Please print or type.

Patient's name (last, first)	Home address	Date of birth	Gender ☐ M ☐ F
Physician's name	Physician address		

Please indicate any reason to suspect drug-resistant TB

Return to:

Name

Address

ZIP code

Case history including chemotherapy (if available):

Submitting Laboratory's Findings

Lab number	Date specimen collected	Date of subculture

Source: ☐ Sputum ☐ Other _____

Specimen type:

☐ Culture: ☐ LJ ☐ Other _____

☐ Sediment; AFB smear result: ☐ 1+; ☐ 2+; ☐ 3+; ☐ 4+;

☐ Mycobacterium tuberculosis complex identified.

Test requested:

☐ Primary drugs (IREP) ☐ Second-line drugs

☐ Pyrosequencing (detection of drug resistance mutations)

☐ Other: _____

DRUG SUSCEPTIBILITY TEST RESULTS

7H10 AGAR			☐ MGIT ☐ Other:			
Drug	Conc. mcg/ml	% Resistant	Drug	Conc. mcg/ml	Results	Comments
INH	0.2					
	1					
SM	2					
	10					
Ethambutol	5					
	10					
Rifampin	1					
	5					

SUBMITTER SHOULD COMPLETE ALL INFORMATION ABOVE THIS LINE. DO NOT WRITE BELOW.

State Laboratory Drug Susceptibility Test Results