

# CONFIDENTIAL LABORATORY REPORT

TO: L.A. COUNTY TB CONTROL PROGRAM

FROM: Reporting Lab ID: \_\_\_\_\_

Referring Lab (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (213) 745-0800

City, State, Zip: \_\_\_\_\_

Fax No.: (213) 749-0926

Telephone No.: \_\_\_\_\_

Patient Name:		Provider Name/ID:	
Age/Birth Date:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Facility Name:	
Ethnicity:	Race:	Country of Birth:	Provider Address:
Medical Record No.:		City, State, Zip:	
Address:		Order Callback Phone No.:	
City, State, Zip:		Date:	
Telephone No.:		CLR Created by:	CSA Initials:

Specimen Collection Date: \_\_\_\_\_ Specimen Source: \_\_\_\_\_  
 Specimen Received Date: \_\_\_\_\_ Specimen Body Site: \_\_\_\_\_ Accession No.: \_\_\_\_\_

<b>AFB Smear Results*</b>		Stain Type:	Result:	Result Date:
<input type="checkbox"/> Raw Specimen	<input type="checkbox"/> Auramine/Rhodamine	<input type="checkbox"/> Positive Smear Grade: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	<input type="checkbox"/> Negative	
<input type="checkbox"/> Processed Specimen	<input type="checkbox"/> Carbol Fuchsin	<input type="checkbox"/> Doubtful/Repeat Test	<input type="checkbox"/> Not Done	

<b>Molecular Test*</b>		Result Date:
MTBC - PCR: <input type="checkbox"/> MTBC Detected <input type="checkbox"/> Indeterminate <input type="checkbox"/> MTBC NOT Detected <input type="checkbox"/> Test inhibition ruled out <input type="checkbox"/> Test inhibition test not performed <input type="checkbox"/> Not Done	Automated molecular test for detection of MTBC and RIF resistance screening (e.g. GeneXpert): <input type="checkbox"/> MTBC Detected <input type="checkbox"/> Possible Rifampin Resistance Detected <input type="checkbox"/> Rifampin Resistance NOT Detected <input type="checkbox"/> Indeterminate <input type="checkbox"/> MTBC NOT Detected <input type="checkbox"/> Not Done	

<b>Culture Results*</b>		Result Date:
<input type="checkbox"/> Positive for AFB, identification to follow <input type="checkbox"/> Other: _____ <input type="checkbox"/> Positive for AFB, sent for identification to: _____ (reference lab) <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Overgrown		

<b>AFB Species Identification</b>		Result Date:
Identification Methodology: <input type="checkbox"/> NAAT <input type="checkbox"/> MALDI <input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> M. tuberculosis complex <input type="checkbox"/> M. Kansaii <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> M. avium complex <input type="checkbox"/> 2nd Organism Identified <input type="checkbox"/> Positive <input type="checkbox"/> Negative Specify: _____	

<b>Pathology Results</b>		Result Date:
Test Type: <input type="checkbox"/> Histology <input type="checkbox"/> Cytology	Histology Result: <input type="checkbox"/> Consistent w/ TB <input type="checkbox"/> NOT Consistent w/ TB Histology Smear Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not Done Cytology Result: <input type="checkbox"/> Consistent w/ TB <input type="checkbox"/> NOT Consistent w/ TB	

<b>Susceptibility Testing*</b>	
<input type="checkbox"/> Complete DST Results on Page 2	<input type="checkbox"/> Not performed Reason: _____ <input type="checkbox"/> Sent to reference lab: _____ Date Sent: _____

Comments: \_\_\_\_\_

\* Each result must be reported within one working day of notifying the health care provider

# TB Drug Susceptibility Testing Form

Date Reported: \_\_\_\_\_

## Drug Susceptibility Results

### 1st Line TB Drugs:

Isoniazid: 0.1 µg/mL

Susceptible  Resistant  Pending  Not Done

Ethambutol: 5.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Isoniazid: 0.4 µg/mL

Susceptible  Resistant  Pending  Not Done

Pyrazinamide: 100 µg/mL

Susceptible  Resistant  Pending  Not Done

Rifampin: 1.0 µg/mL

Susceptible  Resistant  Pending  Not Done

### 2nd Line TB Drugs:

Amikacin: 6 µg/mL

Susceptible  Resistant  Pending  Not Done

Levofloxacin: 4.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Cycloserine: 60 µg/mL

Susceptible  Resistant  Pending  Not Done

Levofloxacin: 8.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Ethionamide: 10 µg/mL

Susceptible  Resistant  Pending  Not Done

Moxifloxacin: 2.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Streptomycin: 2.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Moxifloxacin: 4.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Streptomycin: 4.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Moxifloxacin: 8.0 µg/mL

Susceptible  Resistant  Pending  Not Done

Levofloxacin: 2.0 µg/mL

Susceptible  Resistant  Pending  Not Done

### Other TB Drugs:

Other Drug (1): \_\_\_\_\_

Concentration (µg/mL): \_\_\_\_\_

Susceptible  Resistant  Pending  Not Done

Other Drug (2): \_\_\_\_\_

Concentration (µg/mL): \_\_\_\_\_

Susceptible  Resistant  Pending  Not Done

Comments: \_\_\_\_\_