

**Form 2a. NTP Laboratory Request and Result Form**

*To be filled out by Health Worker*

Name of Requesting Facility: _____	Date of Request: _____
Facility Contact Information: _____	Requesting Physician: _____
Name of Patient: _____	Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	Patient's Contact No.: _____

Reason for Examination:	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Baseline <input type="checkbox"/> Follow-up	History of Treatment: <input type="checkbox"/> New <input type="checkbox"/> Retreatment	If for Diagnosis or Baseline, Registration Group: <input type="checkbox"/> New <input type="checkbox"/> TAF <input type="checkbox"/> Relapse <input type="checkbox"/> PTOU <input type="checkbox"/> TALF
	TB Case No.: _____		

For PMDT, month of treatment: \_\_\_\_\_

Specimen Type: <input type="checkbox"/> Sputum	Repeat Collection? <input type="checkbox"/> No
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Yes Reason: _____

Date Specimen Collected:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Specimen</th> <th style="width:25%;">Date of Collection</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td> </td> </tr> <tr> <td align="center">2</td> <td> </td> </tr> </tbody> </table>	Specimen	Date of Collection	1		2		If for Xpert, DST or LPA: Presumptive DS-TB <input type="checkbox"/> Presumptive DR-TB <input type="checkbox"/>
Specimen	Date of Collection							
1								
2								

Test Requested:	<input type="checkbox"/> DSSM	<input type="checkbox"/> Xpert MTB/RIF	<input type="checkbox"/> Culture	<input type="checkbox"/> DST	<input type="checkbox"/> LPA
	If for Xpert, DSSM Result: _____			If for DST, Xpert Result: _____	
				If for DST, HIV Result: _____	

Prepared by: \_\_\_\_\_ Position: \_\_\_\_\_  
*Signature over Printed Name*

*Portion below to be filled-out by Medical Technologist/Microscopist/Xpert Technician*

Laboratory Serial Number: _____	Date Received: _____
	Date Examined: _____

FINDINGS	LABORATORY TEST		
	Smear Microscopy		Xpert MTB/RIF
Specimen	1	2*	
Visual Appearance**			
Reading			
Laboratory Diagnosis			

*\*Specimen 2 is not applicable for follow-up*

*\*\* Muco-purulent, blood-stained, salivary, etc.*

Performed by: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
*Signature over Printed Name*

*A separate result form for TB Culture, DST and LPA will be issued.*