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: [ ] M [ ] F

Address: __________________________________________ Patient’s Contact No.: __________________

Reason for Examination: [ ] Diagnosis [ ] Baseline [ ] Follow-up

History of Treatment: [ ] New [ ] Retreatment

If for Diagnosis or Baseline, Registration Group:

[ ] New [ ] TAF
[ ] Relapse [ ] PTOU
[ ] TALF

TB Case No.: __________________

For PMDT, month of treatment: __________

Specimen Type: [ ] Sputum [ ] Other (specify): __________

Repeat Collection? [ ] No [ ] Yes Reason: __________

Date Specimen Collected:

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Date of Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Test Requested: [ ] DSSM [ ] Xpert MTB/RIF [ ] Culture [ ] DST [ ] LPA

If for Xpert, DST or LPA:

Presumptive DS-TB [ ]
Presumptive DR-TB [ ]

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
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Specimen</td>
<td>Smear Microscopy</td>
</tr>
<tr>
<td>1</td>
<td>2*</td>
</tr>
<tr>
<td>Visual Appearance**</td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
</tr>
<tr>
<td>Laboratory Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

*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.