

Form 2c. NTP TB Culture Result Form

TB Case Number: _____	Date of Request: _____
Name of Requesting Facility: _____	Requesting Physician: _____
Name of Patient: _____	Culture Laboratory: _____
Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

Reason for Examination: Diagnosis Baseline Follow-up Month: _____

Type of Specimen: Sputum Others (specify): _____

Method: Solid Culture Liquid Culture: MGIT
 Modified Kudoh
 Concentration

Laboratory Number	Date Collected	Date Received	TB Culture Result	Remarks
1				
2				

Performed by:

Reviewed by:

Date of Release:

Printed Name and Signature

Printed Name and Signature
