

## FORM 2A. LABORATORY REQUEST AND RESULT FORM

*To be filled out by Health Worker*

Name of Requesting Facility/Unit: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Facility Contact Information: \_\_\_\_\_ Requesting Physician: \_\_\_\_\_  
 Patient's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  
 Province/City: \_\_\_\_\_ Patient's Contact No.: \_\_\_\_\_

**Reason for Examination:**  Diagnosis  Baseline  Follow-up TB Case No.: \_\_\_\_\_  
**History of Treatment:**  New  Retreatment Month of treatment: \_\_\_\_\_

**Test Requested:**  **Xpert MTB/RIF**  **Smear Microscopy<sup>a</sup>**  **TB LAMP**  **LPA**  1st Line  Culture  DST  
 2nd Line

<sup>a</sup> Is *Paragonimiasis* considered?  Yes  No

**Type of Specimen:**  Sputum **Repeat Collection?**  No  
 Other, Specify: \_\_\_\_\_  Yes, Reason: \_\_\_\_\_

Date:	Specimen	Date Collected	Date Dispatched to Laboratory
	1		
	2		

**Remarks:** \_\_\_\_\_  
 (i.e. pre-collection details; existing medical conditions, medications taken prior to screening, and/or known risk factors)

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

*To be filled-out by Medical Technologist/Microscopist/Xpert Technician*

Name of Laboratory: \_\_\_\_\_  
 Specimen Received by: \_\_\_\_\_ Date and Time Specimen Received: \_\_\_\_\_  
 Specimen Volume and Quality: \_\_\_\_\_  Accepted  Rejected, reason: \_\_\_\_\_

Laboratory Serial Number: \_\_\_\_\_ Date Specimen Examined: \_\_\_\_\_

DIAGNOSTIC TESTS		RESULTS	
<input type="checkbox"/> Xpert MTB/RIF <input type="checkbox"/> Xpert MTB/RIF Ultra			
Smear Microscopy	Paragonimiasis*	1	2
	TB	Reading	2**
	Laboratory Diagnosis		
TB LAMP			

\* Results for Paragonimiasis: P – if Paragonimus ova only are seen, T – If AFB only are seen, Co-I – if BOTH ova and bacilli are seen, Neg – No ova and No bacilli are seen

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

Performed by: \_\_\_\_\_  
*Signature over Printed Name*
Verified by: \_\_\_\_\_  
*Signature over Printed Name*
Noted by: \_\_\_\_\_  
*Signature over Printed Name*

Date and Time Released: \_\_\_\_\_ *A separate result form for LPA, Culture, and DST will be issued.*