

FORM 2C. LINE PROBE ASSAY RESULT FORM

TB Case Number: _____	Date of Request: _____
Name of Requesting Facility/Unit: _____	Requesting Physician: _____
Patient' Full Name: _____	Name of Laboratory: _____
Age: _____ Sex: [] M [] F	

Reason for Examination: [] Baseline [] Follow-up; month: _____

Type of Specimen: [] Sputum [] Isolate [] Others (specify): _____

LPA Test Requested: [] 1st Line LPA [] 2nd Line LPA [] Others (specify): _____

Date Specimen Collected: _____ Date and Time Specimen Received: _____

Laboratory Serial Number: _____ Specimen Volume and Quality: _____

<i>M. tuberculosis</i> Complex Result:			
First Line LPA		Second Line LPA	
Name of Drugs	Result	Class of Drugs	Result
Rifampicin (Rif)		Fluoroquinolones (FQ)	
Isoniazid (H)			
Ethionamide (Eto) / Prothionamide (Pto)		Second Line Injectable (SLI)	

Remarks: _____ Date and Time Released: _____

Performed by:

Verified by:

Noted by:

Signature over Printed Name

Signature over Printed Name

Signature over Printed Name