

FORM 2E. DRUG SUSCEPTIBILITY TESTING RESULT FORM

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

Reason for Examination: [] Baseline [] Follow-up; month: _____ [] Diagnosis
 Type of Specimen: [] Sputum [] Isolate [] Others (specify): _____
 Method: [] Solid Culture LJ PROPORTION [] Liquid MGIT 960 [] Others (specify): _____

TB Culture Lab Number: _____ Date and Time Specimen Received: _____

First Line Drugs				Second Line Drugs			
Name of Drugs	Concentrations mg/L		Result	Name of Drugs	Concentrations mg/L		Result
	Solid	Liquid			Solid	Liquid	
Isoniazid (H)	0.2	0.10		Levofloxacin (Lfx)	2.0	1.0	
Rifampicin (R)	40	1.0		Moxifloxacin (Mfx)	1.0	0.25	
Ethambutol (E)	2.0	5.0		Amikacin (Amk)	30	1.0	
Pyrazinamide (Z)		100		Streptomycin (S)	4.0	1.0	

Remarks: _____ Date and Time Released: _____

Performed by:

Verified by:

Noted by:

Signature over Printed Name

Signature over Printed Name

Signature over Printed Name