### TB 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): ____________

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**TB Culture Lab Number:** ____________________________  **Date and Time Specimen Received:** ____________________________

### First Line Drugs

<table>
<thead>
<tr>
<th>Name of Drugs</th>
<th>Concentrations mg/L</th>
<th>Result</th>
<th>Name of Drugs</th>
<th>Concentrations mg/L</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoniazid (H)</td>
<td>0.2</td>
<td>0.10</td>
<td>Levofoxacin (Lfx)</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Rifampicin (R)</td>
<td>40</td>
<td>1.0</td>
<td>Moxifloxacin (Mfx)</td>
<td>1.0</td>
<td>0.25</td>
</tr>
<tr>
<td>Ethambutol (E)</td>
<td>2.0</td>
<td>5.0</td>
<td>Amikacin (Amk)</td>
<td>30</td>
<td>1.0</td>
</tr>
<tr>
<td>Pyrazinamide (Z)</td>
<td>100</td>
<td></td>
<td>Streptomycin (S)</td>
<td>4.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

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**Remarks:** ____________________________________________  **Date and Time Released:** ____________________________

**Performed by:** ____________________________________________  **Verified by:** ____________________________________________  **Noted by:** ____________________________________________

[Signature over Printed Name]  [Signature over Printed Name]  [Signature over Printed Name]

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*Form 2e. Drug Susceptibility Testing Result Form v. 030420*