

Tuberculosis Drug Resistance Surveillance

National Tuberculosis Reference Laboratory, RCDC
Version 1.5

Request form for Culture & DST of *Mycobacterium tuberculosis* Complex

Name of Hospital: _____ Date of request _____ / _____ / _____

Name of Patient: _____ Age: _____ Sex (M/F): _____

Patient Address: _____ Patient occupation: _____

Patient's Telephone No.: _____ Patient's CID no.: _____

Disease Site (mark√): Pulmonary Extra-Pulmonary

Reason for Examination (mark√):

- Diagnosis
- Follow up: if follow up months of treatment _____
- Previously treated for TB? Yes No Unknown
- MDR culture follow-up, Month of follow-up & DS No.:
- Others, please specify: _____

SAMPLE INFORMATION (please provide the detail below)

Date sample collected	Specimen type(mark √ or circle & specify if Extra Pulmonary TB (EP))	Microscopy Smear result (specify the grading)	GeneXpert MTB/RIF result
____/____/____	[Sputum] [EP].....		
____/____/____	[Sputum] [EP].....		

If EP sample, Direct inoculation in solid media: Yes No

Shipment prepared by & contact no.: Date Sample shipped to RCDC:...../...../.....

Rejection Criteria

Sample will be rejected under following conditions:

- Sample leakage during transportation
- Incomplete label on sputum container (label container with name, age, sex, CID no.& hospital address)
- Cold chain not maintained
- Presence of food particles & sample less than accepted quantity
- Incomplete request form

RCDC, NTRL Use Only

Shipment received by: Date samples received: / /

Sample shipment packaging: Satisfactory Unsatisfactory

Condition of sample received: Intact Leakage Container broken & leakage

Specimen Type: SP 1: Mucopurulent Saliva Bloody Contaminated

SP 2: Mucopurulent Saliva Bloody Contaminated

Quantity of specimen received: Satisfactory (more than 5ml) Unsatisfactory (> 5 ml)

NTRL sample code: Year: If rejected, reason.....