

Report of POSITIVE SMEAR (AFB) AND/OR POSITIVE CULTURE OF *M. TUBERCULOSIS*

A. Patient Information:

Last Name	First Name	MI	Patient Number:								
Street/Apt. #:			Telephone #:			County of Residence:					
City, State, Zip Code:			Date of Birth:			Sex:		Race:			

B. Specimen Submitted By:

Hospital, Clinic:	Patient's Physician:
Street:	
City, State, Zip Code:	

C. Date Specimen Collected: _____ Accession number: _____
 Date report forwarded to Tuberculosis Control Branch: _____

D. Specimen: Sputum Gastric Urine Other _____
 (Specify)

E. Report:

- Smear Positive (AFB):
 - Culture will be sent to State Laboratory
 - Culture not sent to State Laboratory
 - Result date: _____
- Smear Negative; growth evident on culture
 - Culture will be sent to State Laboratory
 - Result date: _____
- Nucleic Acid Amplification or PCR Positive for *Mycobacterium tuberculosis*
 Specimen must also be sent for AFB culture
 Result date: _____
- Culture Positive for *Mycobacterium tuberculosis*
 Result date: _____
- Culture Positive for non-*tuberculosis mycobacterium* (NTM)
Mycobacterium _____
 Result date: _____

F. Drug Susceptibility Tests

Result date: _____

DRUG Microgr./ml.	S	R
INH High		
INH Low		
SM		
EMB		
RIF		
PZA		

S — Sensitive
 R — Resistance

G. Additional Comments: _____

H. Reported By:

Name: (Director, Pathologist, Designee)	
Street:	Telephone:
City, State, Zip Code:	County:

Pursuant to General Statute 130A-139, all laboratories in North Carolina must report each smear positive for acid fast bacilli and each culture positive for *Mycobacterium tuberculosis* within 24 hours of obtaining the result.

Purpose: For use by all non-health department laboratories in North Carolina to report positive smears (AFB) and *Mycobacterium tuberculosis* cultures to the Division of Public Health, Epidemiology Section as required by General Statute 130A.139.

Preparation: Complete all requested information.

Section E. #1 — Report smears positive for AFB within 7 days to enable timely epidemiology. If culture is sent to the State Lab, no further report is necessary from your laboratory.

#2 — Report if smear negative; growth evident on culture. Indicate if culture sent to State Lab. Further culture reports will not be necessary if culture sent to State lab.

#3 — Report positive findings of *Mycobacterium tuberculosis* done by Nucleic Acid Amplification or PCR

#4 — Report positive findings of *Mycobacterium tuberculosis* if your laboratory performs mycobacterial culture isolation and identification.

#5 — Report positive findings of mycobacteria other than tuberculosis if your laboratory performs mycobacterial culture isolation and identification.

NOTE: Do not delay submitting report for AFB positive smears while awaiting culture results.

Section F. Report drug susceptibility tests on *Mycobacterium tuberculosis* if your laboratory performs these tests.

Distribution: Send completed report to:

DHHS / Division of Public Health
Epidemiology Section / TB Control
1905 Mail Service Center
Raleigh, NC 27699-1905
Telephone: (919) 755-3184
FAX: (919) 733-0084

Disposition: Laboratories — No copy required.

Health Department — Keep the original copy for health department records. This form may be destroyed in accordance with the Budget and Fiscal Records section of the *Records Disposition Schedule* published by the Division of Archives and History.

Reorder: Additional forms may be downloaded from N.C. TB Control website:
http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3005.pdf.