

Name of Department _____

Shipping Address _____

City, _____ State, _____ Zip _____

Account Number _____

Tuberculosis Biologicals Requisition and Inventory

1	2	3			
Quantity On Hand	Earliest Expiration Date	Quantity Ordered	Unit Size	Drug Name and Strength	Item Number
btls		btls	100 tabs/btl	Isoniazid Tablets 100 mg.	
btls		btls	30 tabs/btl	Isoniazid Tablets 300 mg.	
btls		btls	480 mL/btl	Isoniazid Syrup 50 mg./5mL	
btls		btls	60 caps/btl	Rifampin Capsules 300 mg.	
btls		btls	30 caps/btl	Rifampin Capsules 150 mg.	
btls		btls	60 caps/btl	Rifamate Capsules (RIF 300 mg/INH 150 mg.)	
blstrpks		blstrpks	24 each	Rifapentine 150 mg.	
btls		btls	60 tabs/btl	Pyrazinamide Tablets 500 mg.	
btls		btls	90 tabs/btl	Pyrazinamide Tablets 500 mg.	
btls		btls	100 tabs/btl	Ethambutol Tablets 100 mg.	
btls		btls	100 tabs/btl	Ethambutol Tablets 400 mg.	
btls		btls	30 tabs/btl	Pyridoxine Tablets 25 mg. (B ₆)	
btls		btls	100 tabs/btl	Pyridoxine Tablets 25 mg. (B ₆)	
btls		btls	100 tabs/btl	Pyridoxine Tablets 50 mg. (B ₆)	
vials		vials	1 mL/vial	Pyridoxine Injectable 100 mg/mL (B ₆)	
vials		vials	10 test/vial	Tuberculin PPD – Intermediate Strength	
vials		vials	50 test/vial	Tuberculin PPD – Intermediate Strength	
vials		box of 50	15 mL/vial	Sodium Chloride 3%	
vials		vials	1 gm/vial	Streptomycin 1 gm.	
Special Orders (all require prior approval):					
vials		vials	1 each	Amikacin Sulfate Inj. 250 mg./mL	
vials		vials	1 each	Capreomycin Injection 1 gm.	
boxes		boxes	100 tabs	Cipro Tablets 250 mg.	
boxes		boxes	100 tabs	Cipro Tablets 500 mg.	
boxes		boxes	50 tabs	Cipro Tablets 750 mg.	
btl		btl	100 mL/btl	Cipro 250 mg./5 mL (5% Oral Suspension)	
btls		btls	40 caps/btl	Cycloserine Capsules 250 mg.	
btls		btls	100 tabs/btl	Ethionamide Tablets 250 mg.	
vials		vials	1 each	Kanamycin Injection 1 gm	
btls		btls	1x480mL	Levaquin 25 mg./mL (Oral Solution)	
btls		btls	50 tabs/btl	Levaquin Tablets 250 mg.	
btls		btls	50 tabs/btl	Levaquin 500 mg.	
btls		btls	30 each	Moxifloxacin 400 mg.	
pks		pks	30 each	Paser Granules (PAS) 4 gm. (min. order–2 pks)	
btls		btls	100 caps/btl	Rifabutin Capsules 150 mg.	

Ordered By: _____ Date _____

- Purpose:
1. For local health departments to order drugs for the prevention and treatment of tuberculosis.
 2. Account for the inventory of tuberculosis drugs stored at the health department.

Preparation: This form is to be prepared by the health department representative responsible for ordering tuberculosis drugs. The identifying information requested in the upper left corner of the form must include the street address where shipment is to be made.

Instructions:

For each drug being ordered:

- A. In column 1, enter the number of containers of the drug presently in inventory at the health department.
 Enter in column 2 the earliest expiration date of the drug in inventory.
 Enter in column 3 the quantity ordered.

To determine the quantity to order for the most commonly used tuberculosis medicines, the following steps are suggested:

1. Determine the number of patients who are to receive the particular drug.
2. Based on the number of patients to receive the drug, use the following table to determine the drug reserve.

Drug Reserve—INH, B₆	Extra Bottles	Drug Reserve—EMB., RIF., PZA	Extra Bottles
# Pts./Mo.	# Pts./Mo.	# Pts./Mo.	# Pts./Mo.
1–10	5	1–10	2
11–20	10	11–20	5
21–40	15	21–40	8
41–60	20	41–60	10
61–100	25	61–100	12
100	30	100	15

3. Add the number of patients and the drug reserve to determine the monthly need.
 For example, if a health department has 10 patients who are to receive Isoniazid 300 mg., then the drug reserve is 5. Therefore, the monthly need is 15.
4. Subtract “monthly need” from “quantity on hand” to determine “quantity ordered.”

Enter the signature of the person placing the order and the date of the order.

Fax the completed order form to: Field Development Unit
(919) 733-2054

Distribution: Fax original to (919) 733-2054. Keep the original copy for health department records.

Disposition: 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.

To download TB forms go to http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3093.pdf.