

Suspected or Confirmed TB Case for _____ County
Information to Report to Local Health Department (LHD) TB Nurses
Worksheet for Healthcare Providers

Reporting Agency Information

Agency name: _____	Agency phone: _____
Agency address: _____	
Name of person reporting: _____	Report date: _____
Attending physician _____	Physician phone _____
If hospitalized or in facility, Admission date _____	Discharge date _____

Patient Demographics

Last name _____	First name _____	Middle Initial _____
DOB _____	Medical record # (reporting agency) _____	
Race _____	Sex M/F _____	Country of Birth _____
If child, parent(s) names: _____		
Physical Address _____		
City _____	State _____	Zip code _____
Phone: Home _____	Work _____	Cell _____
Emergency contact name _____		Phone _____

Clinical Data

Tuberculin skin test: Date placed _____	Date read _____	Result (mm) _____
IGRA (circle: Quantiferon or T-SPOT): Date _____ Result _____		
Sputum acid-fast smear (circle): Positive Negative Not done		
Culture result (circle): Positive Negative Not done		
AFB smear from specimens other than sputum –Specify site : _____ (circle) Positive Negative		
AFB culture from specimens other than sputum –Specify site: _____ (circle) Positive Negative		
TB PCR result: Positive Negative Not done		
Suspected site(s) of TB disease: _____		
HIV status (circle): Positive Negative Unknown		
Patient Weight _____ lbs or kg (circle)		
TB medications date started _____		
Isoniazid _____mg		
Rifampin _____mg		
Pyrazinamide _____mg		
Ethambutol _____mg		
Other (list name & dosage): _____		

Relevant Records: Please fax copies of the following information to the local health department nurse in the patient’s county of residence. Phone and fax numbers of the local health department can be found on the web at <http://www.ncalhd.org/county.htm>:

- History and physical**
- Radiology reports (chest x-ray, CT scans)**
- Microbiology reports (all smears and cultures for acid-fast bacilli (AFB))**
- Most recent blood work: hepatic function panel, CBC with diff/platelets, serum creatinine**
- HIV serology (and CD4 count/viral load if known to be HIV +)**
- Discharge summary with complete current medication list**