

CONFIDENTIAL LABORATORY REPORT

TO: L.A. COUNTY TB CONTROL PROGRAM
 2615 South Grand Avenue, Room 507
 Los Angeles, California 90007
 Telephone No.: (213) 745-0800
 Fax No.: (213) 749-0926

FROM: Reporting Lab: _____
 Referring Lab (if any): _____
 Address: _____
 City, State, Zip: _____
 Telephone No.: _____

Patient Name:		Physician Name:	
Age/Birth Date:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Facility:	
Identification No.:			
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone No.:		Telephone No.:	
CLR Created by:	CSA Initials:	Date:	

Date of Collection: _____ Source: _____ Specimen No.: _____

AFB Smear Results* <input type="checkbox"/> Positive Smear Grade: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <input type="checkbox"/> Negative <input type="checkbox"/> Doubtful/Repeat Test <input type="checkbox"/> Not Done	Date Reported: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Molecular Test* MTB - PCR <input type="checkbox"/> MTB detected <input type="checkbox"/> MTB not detected <input type="checkbox"/> Test inhibition ruled out <input type="checkbox"/> Test inhibition test not performed <input type="checkbox"/> Not Done	Automated molecular test for detection of MTBC and RIF resistance screening (e.g. GeneXpert) <input type="checkbox"/> MTB Complex Detected <input type="checkbox"/> MTB Complex Detected, Possible Rifampin Resistance Detected <input type="checkbox"/> MTB Complex Detected, Rifampin Resistance NOT Detected <input type="checkbox"/> MTB Complex Not Detected <input type="checkbox"/> Not Done	Date Reported: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Culture Results* <input type="checkbox"/> Positive for AFB, identification to follow <input type="checkbox"/> Positive for AFB, sent for identification to: _____ (reference lab) <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Overgrown	Date Reported: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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DNA probe performed <input type="checkbox"/> M. tuberculosis complex <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> M. avium complex <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> M. gordonae <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> M. kansasii <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> _____ by HPLC <input type="checkbox"/> Second organism _____ <input type="checkbox"/> By HPLC <input type="checkbox"/> By DNA Probe	Date Reported: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Susceptibility Testing* <input type="checkbox"/> To follow on separate sheet <input type="checkbox"/> Sent to reference lab: _____	
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Comments: _____

* Each result must be reported within one working day of notifying the health care provider