CONFIDENTIAL LABORATORY REPORT

2615 South Grand Avenue, Room 507 Los Angeles, California 90007 Telephone No.: (213) 745-0800 Fax No.: (213) 749-0926 Patient Name: Age/Birth Date: Identification No.: Address: City, State, Zip: Facility: Identification No.: Address: City, State, Zip: Identification No.: Address: City, State, Zip: City, State, Zip: Telephone No.: CIR Created by: CSA Initials: Date: Date of Collection: Source: Specimen No.: AFB Smear Results* Positive Smear Gate: 1+ 2+ 3+ 4+ Date Reported: Negative Doubtful/Repeat Test MTB - PCR MTB - PCR MTB detected MTB Complex Detected, Possible Rifampin Resistance Streening (e.g., GeneXpert) MTB Complex Detected, Rifampin Resistance Detected MTB Complex Detected, Rifampin Resistance Detected MTB Complex Not Dotected MTB Complex Not Detected MTB Complex Not D	TO:	L.A. COUNTY TB CONTROL PROGRAM FROM:	Reporting Lab:	
Los Angeles, California 90007 Telephone No: (213) 745-0800 Fax No: (213) 749-0926 Patient Name: Patient Name: Age/Birth Date: Gender: Female Male Facility: Identification No: Address: City, State, Zip: City, State, Zip: City, State, Zip: City, State, Zip: Telephone No: Telephone No: CITY, State, Zip: Telephone No: Telephone No: CITY, State, Zip: Telephone N		2615 South Grand Avenue, Room 507		
Telephone No.: (213) 749-0926 Fax No.: (213) 749-0926 Patient Name: Age/Birth Date: Gender: Female Male Facility: Identification No.: Address: Address: Address: City, State, Zip: City, State, Zip: City, State, Zip: City, State, Zip: Telephone No.: Telephone No.: Telephone No.: CIR Created by: CSA Initials: Date of Collection: Source: Specimen No: AFB Smear Results* Positive Smear Grade: 1+ 2+ 3+ 4+		Los Angeles, California 90007	A 1.1	
Patient Name: Patient Name: Physician Name:		Telephone No.: (213) 745-0800	C1. C1	
Age/Birth Date:		Fax No.: (213) 749-0926		
Identification No: Address: Address: City, State, Zip: Telephone No: CIR Created by: Date of Collection: Source: Date of Collection: Source: Date Specimen No: AFB Smear Results* Positive Smear Grade: 1+ 2+ 3+ 4+ Negative	Patient Name:		sician Name:	
Address: City, State, Zip: Telephone No.: Telephone No.: CIR Created by: CSA Initials: Date of Collection: Source: Specimen No.: AFB Smear Results* Positive Smear Grade: 1	Age/	Birth Date: Gender: Female Male Fac	ility:	
City, State, Zip: Telephone No.: Telephone No.: CLR Created by: CSA Initials: Date: Date of Collection: AFB Smear Results* Positive Smear Grade:	Identification No.:			
Telephone No.: CLR Created by: CSA Initials: Date: Date of Collection: Source: Specimen No.: AFB Smear Results* MTB - PCR MTB - PCR MTB detected MTB to detected MTB complex Detected, Possible Rifampin Resistance Screening (e.g. GeneXpert) MTB complex Detected, Rifsmpin Resistance NOT Detected MTB Complex Not Detected MTB Complex Not Detected Not Done Culture Results* Positive for AFB, identification to follow Positive for AFB, sent for identification to: Negative Not Done Date Reported: Date Report	Address:		dress:	
CLR Created by: CLR Cr	City, State, Zip:		, State, Zip:	
Date of Collection: Source: Specimen No.: AFB Smear Results* Positive Smear Grade:	Telephone No.:		ephone No.:	
AFB Smear Results*	CLR	Created by: CSA Initials: Dat	e:	
Positive Smear Grade: 1	Date of Collection: Source: Specimen No.:			
Negative Doubtful/Repeat Test Not Done Date Reported:	AFB Smear Results* Date Reported:			
Molecular Test* MTB - PCR				
MTB - PCR Automated molecular test for detection of MTBC and RIF resistance screening (e.g. GeneXpert) MTB detected	Negative Doubtful/Repeat Test Not Done			
MTB detected	Mole	MTB - PCR Automated molecular test for detection of MTBC and RIF		
MTB not detected		☐ MTR detected		
Test inhibition ruled out	MTB not detected MTB Complex Detected, Possil		plex Detected, Possible Rifampin	
Date Reported: Not Done		lest inhibition ruled out		
Not Done	Test innibition test not Resistance NOT Detected			
Culture Results* Positive for AFB, identification to follow Positive for AFB, sent for identification to: Negative Not Done Date Reported: Overgrown Date Reported: M. tuberculosis complex Positive Negative Negordonae Second organism Positive Negative		MIB Complex N	ot Detected	
Positive for AFB, identification to follow Positive for AFB, sent for identification to: Negative Not Done Overgrown Date Reported: M. tuberculosis complex Positive Negative Positive Negative Negative Negative Second organism Positive Negative		☐ Not Done		
Positive for AFB, sent for identification to: Negative Not Done Overgrown Date Reported: M. tuberculosis complex M. kansasii Positive Negative Positive Negative M. avium complex by HPLC Positive Negative M. gordonae Second organism Positive Negative By HPLC By DNA Probe Susceptibility Testing*				
Negative				
M. tuberculosis complex M. kansasii Positive Negative M. avium complex Positive Negative M. gordonae Positive Negative By HPLC By DNA Probe Susceptibility Testing*	(reference lab)			
M. tuberculosis complex M. kansasii Positive Negative M. avium complex Positive Negative M. gordonae Positive Negative By HPLC By DNA Probe Susceptibility Testing*	DNA probe performed Date Reported			
M. avium complexby HPLCPositiveNegative	DINA			
Positive Negative M. gordonae Positive Negative By HPLC By DNA Probe Susceptibility Testing*				
M. gordonae Second organism By HPLC By DNA Probe Susceptibility Testing*	M. avium complexby HPLC			
Positive Negative By HPLC By DNA Probe Susceptibility Testing*				
Susceptibility Testing*				
		Positive Negative By HPL	By DNA Probe	
☐ To follow on separate sheet ☐ Sent to reference lab:	Susceptibility Testing*			
	To follow on separate sheet Sent to reference lab:			

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