

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

A. Patient Information:

Last Name		First Name		MI	Patient Number:	
Street/Apt. #:		City, State, Zip Code:			Telephone #:	Date of Birth:
Race:		Sex:	County of Residence:			
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						

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 Microgram/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.

- 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.