### MYCOBACTERIOLOGY (TB)

**PLEASE GIVE ALL INFORMATION REQUESTED**

#### DATE COLLECTED

<table>
<thead>
<tr>
<th>M</th>
<th>D</th>
<th>Y</th>
</tr>
</thead>
</table>

#### PREVIOUSLY DIAGNOSED??

- [ ] Yes
- [x] No

#### M. TUBERCULOSIS  OTHER MYCOBACTERIA (SPECIFY)

- [ ] Yes
- [ ] No

#### DRUG THERAPY

- [ ] NONE
- [ ] INH
- [ ] SM
- [ ] PZA
- [ ] EMB
- [ ] RIF
- [ ] OTHER ________________

#### SPECIMEN TYPE

- [ ] CLINICAL
- [ ] REFERENCE

#### SOURCE OF SPECIMEN

- [ ] NATURAL SPUTUM
- [ ] INDUCED SPUTUM
- [ ] BRONCH. WASH
- [ ] URINE
- [ ] OTHER ________________

#### IS PATIENT ON RESPIRATORY ISOLATION?

- [ ] Yes
- [ ] No

#### RISK FACTORS:

- [ ] HIV Positive
- [ ] Cough > 2 Weeks
- [ ] Immigrant from High-incidence Country
- [ ] Direct Contact to TB Case
- [ ] IV Drug User
- [ ] Other ________________

#### SIGNS/SYMPTOMS:

- [ ] Cough
- [ ] Fever, Chills, Night Sweats
- [ ] Significant Weight Loss
- [ ] Hemoptysis
- [ ] Other ________________

#### DO NOT WRITE IN THIS SPACE

**LABORATORY USE — DO NOT WRITE BELOW THIS LINE**

### MICROSCOPIC REPORT

- [ ] ACID FAST BACILLI
  - Found
  - 1+
  - 2+
  - 3+
  - 4+
  - Not Found

### CULTURE REPORT

- [ ] No Growth
- [ ] Contaminated

#### IDENTIFICATION

- [ ] M. tuberculosis Complex
- [ ] Photochromogen
  - M. kansasi
  - M. marinum
- [ ] Scotocromogen
  - M. scrofulaceum
  - M. gordonae
  - M. szulgai
- [ ] Unclassified
- [ ] Rapid Growers
  - M. fortuitum gr.
  - M. chelonae/abcessus gr.
- [ ] Nocardia sp.
- [ ] Rhodococcus/ Gordonia sp.
- [ ] Tsukamurella sp.

### CONVENTIONAL SUSCEPTIBILITY TEST

#### DRUGS

<table>
<thead>
<tr>
<th>DRUGS</th>
<th>Microgr./mL</th>
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<tbody>
<tr>
<td>Control</td>
<td></td>
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<tr>
<td>INH</td>
<td>0.2</td>
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<tr>
<td>THA</td>
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<td>CAP</td>
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<tr>
<td>CIP</td>
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</tr>
</tbody>
</table>

#### Growth* at Dilutions

- C = Colonies

### SPECIMEN UNSATISFACTORY:

- [ ] BROKEN/LEAKED IN TRANSIT
- [ ] SPECIMEN TOO OLD
- [ ] NO SPECIMEN
- [ ] SPECIMEN UNLABELED
- [ ] NONVAILABLE
- [ ] OTHER ________________

#### COMMENTS:

Refer to Culture # ____________ for susceptibility results.

**Send Report To:**

**PHONE NUMBER:** ____________________________

**DIAGNOSIS CODE (ICD-9):** ____________________________

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**DHHS 1247 (Revised 08/13)**

**Laboratory (Review 08/16)**

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**POSITIVE** for MTBC by RT-PCR

Tech ____________ Date ____________

**NEGATIVE** for MTBC by RT-PCR

Tech ____________ Date ____________

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Federal Tax No.: _______________________________________

Send Report To: _______________________________________

**PHONE NUMBER:** ______________________________________________________

**DIAGNOSIS CODE (ICD-9):** ______________________________________________
WHEN SUBMITTING REFERENCE CULTURES FOR CONFIRMATION AND/OR IDENTIFICATION PLEASE SUPPLY AS MUCH OF THE FOLLOWING INFORMATION AS IS APPLICABLE. THIS WILL EXPEDITE THE IDENTIFICATION PROCESS.

CULTURE IDENTIFICATION NUMBER (PLEASE NUMBER SPECIMEN TUBE TO CORRESPOND) ______________________________.

CULTURE TUBES SHOULD BE SENT IN MICROBIOLOGY MAILERS (SEE SCOPE).

CULTURE SUBMITTED IS:

☐ ORIGINAL CULTURE: PLANTED M D Y ☐ PURE CULTURE OF __________________ SUBCULTURED M D Y

☐ ORIGINAL SPECIMEN SMEAR RESULT:_________________ # OF CULTURES POSITIVE WITH THIS ORGANISM: _______________________

COLONIAL MORPHOLOGY ON 7HIO AGAR PLATE _______________________________________________________________________________

MICROSCOPIC DESCRIPTION __________________________________________________________________________________________________

GROWTH RATE: ☐ WITHIN 7 DAYS ☐ GREATER THAN 7 DAYS ☐ IN DARK ☐ 1 HOUR LIGHT INDUCTION

OTHER OBSERVATIONS ______________________________________________________________________________________________________

BIOCHEMICAL TEST REACTIONS:

☐ NIACIN ☐ NITRATE REDUCTION ☐ UREASE
☐ TELLURITE REDUCTION ☐ TWEEN 80 ☐ MACCONKEY AGAR
☐ CATALASE — 25° (ROOM TEMPERATURE) ☐ ARYLSUFASTE — 3 DAYS ☐ 5% NaCL
☐ ARYLSUFASTE — 68°, pH7 ☐ ARYLSUFASTE — 2 WEEKS ☐ IRON UPTAKE

☐ DNA PROBE RESULTS: ______________________________________ ☐ OTHER TEST RESULTS: ______________________________________

PLEASE CONSULT SCOPE BEFORE SUBMITTING CULTURES FOR SPECIAL SUSCEPTIBILITY TESTING

INSTRUCTIONS

PURPOSE: Isolation, identification, confirmation, further studies of *Mycobacterium tuberculosis* and other human disease-producing mycobacteria.

PREPARATION INSTRUCTIONS: Collect specimen following instructions in SCOPE, using recommended collection kits. Label each specimen tube, subculture, or smear with patient's name and date of birth. Fill out this form and send in appropriate mailer with the specimen to State Laboratory of Public Health. Place form in outer container. Do not send without label (patient's name and date of birth) on specimen or without form. Forms are available on-line (http://slph.ncpublichealth.com/forms.asp#specimen).

PREPARATION OF FORM: Left Upper Portion of Form. Item 1. Enter patient's social security number. Item 2. Enter patient's name, last name first and first name. Item 3. Enter patient's home address on lines immediately below. This information is required for epidemiologic follow-up. Item 4. Enter date of birth (not age). Items 5, 6, and 7. Indicate race, Hispanic ethnicity and sex by checking appropriate box. These data are for statistical purposes only. Item 8. Enter county of residence of patient (use county code). Item 9. Indicate if patient is a Medicaid client; if yes, enter Medicaid number. Enter submitter federal tax number in blank. Also enter return address of submitter in blanks under "Send Report To:"

Right Upper Portion of Form. Date Collected: Enter date as indicated. Please check if previously diagnosed and include diagnosis and date first diagnosed. Please include any pertinent clinical information in the space provided. Drug Therapy: Check appropriate boxes. Please check appropriate boxes for Specimen Type and Source of Specimen. Please check the appropriate boxes for risk factors and signs and symptoms. Do not write in space below “Laboratory Use.” This section is for your results.

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

REJECTION CRITERIA: Specimens will not be processed if:

► They are > 7 days from collection.
► Specimen container does not have patient’s name and DOB.
► Conflicting information on the requisition and specimen container.