

Other	Previously Diagnosed? M. tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Mycobacteria (specify) _____ Is Patient on Respiratory Isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Therapy: <input type="checkbox"/> None <input type="checkbox"/> INH <input type="checkbox"/> SM <input type="checkbox"/> PZA <input type="checkbox"/> RIF <input type="checkbox"/> Other: _____ Date Drug Therapy Started: ____ / ____ / ____
	Risk Factors: <input type="checkbox"/> HIV Positive <input type="checkbox"/> Cough > 2 Weeks <input type="checkbox"/> Immigrant from high-incidence county? <input type="checkbox"/> Direct contact to TB Case <input type="checkbox"/> IV Drug User <input type="checkbox"/> Other: _____	Signs/Symptoms: <input type="checkbox"/> Cough <input type="checkbox"/> Fever, Chills, Night Sweats <input type="checkbox"/> Significant Weight Loss <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Other: _____
Other - References Only	Culture Identification Number _____ When submitting reference cultures for confirmation and/or identification, supply as much of the requested information as is applicable. This will expedite the identification process.	Biochemical Test Reactions: <input type="checkbox"/> Niacin <input type="checkbox"/> Tellurite Reduction <input type="checkbox"/> Urease <input type="checkbox"/> Nitrate Reduction <input type="checkbox"/> Tween 80 <input type="checkbox"/> MacConkey <input type="checkbox"/> Catalase - 25° <input type="checkbox"/> Arylsulfatase –3 days <input type="checkbox"/> 5% NaCl <input type="checkbox"/> Catalase - 68°, pH7 <input type="checkbox"/> Arylsulfatase – 2 weeks <input type="checkbox"/> Iron Uptake
	Culture Submitted Is: <input type="checkbox"/> Original Culture: Planted _____ <input type="checkbox"/> Pure culture of _____ <input type="checkbox"/> Subcultured _____ Original Smear Result: _____ Number of Cultures Positive with this Organism: _____	Colony Morphology on 7H10 Agar Plate: _____ Microscopic Description: _____ Other Observations: _____ DNA Probe Results _____ Other Test Results: _____