



GEORGIA DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY

MYCOBACTERIOLOGY SUBMISSION FORM

SUBMITTER INFORMATION	PATIENT INFORMATION																								
SUBMITTER CODE, <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> CLINIC NAME: _____ _____ STREET: _____ _____ CITY: _____ STATE _____ ZIP CODE: _____ PHONE NO: _____ FAX NO: _____ CONTACT NAME: _____	Submitter's Patient ID # _____ NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First Middle Initial </div> ADDRESS: _____ CITY: _____ ZIP CODE: _____ COUNTY: _____ STATE: <u>GA</u> DATE OF BIRTH: ____/____/____ <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">RACE:</td> <td style="width: 33%;">ETHNICITY:</td> <td style="width: 33%;">GENDER:</td> </tr> <tr> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Male</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Non-Hispanic or Latino</td> <td><input type="checkbox"/> Female</td> </tr> <tr> <td><input type="checkbox"/> Black/African-American</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td></td> <td></td> </tr> </table>	RACE:	ETHNICITY:	GENDER:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Female	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Native Hawaiian/Pacific Islander			<input type="checkbox"/> Other			<input type="checkbox"/> Unknown			<input type="checkbox"/> White		
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SPECIMEN INFORMATION
Date Collected: ____/____/____ Specimen Source: <input type="checkbox"/> Sputum <input type="checkbox"/> Other: _____

TEST REQUEST FOR MYCOBACTERIOLOGY	SPECIAL TESTING REQUEST																		
<p style="text-align: center;">Check appropriate box(es)</p> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;">Known TB patient?</td> <td style="width: 50%;">Have TB meds been given in the last 12 months?</td> </tr> <tr> <td><input type="checkbox"/> Yes, current patient</td> <td><input type="checkbox"/> Yes, start date ____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Yes, former patient</td> <td><input type="checkbox"/> Yes, start date unknown</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> </table> <p>Clinical specimens (sputum, BW, body fluids, tissues, abscesses, stool):</p> <input type="checkbox"/> Smear, culture & susceptibility testing <input type="checkbox"/> Nucleic Acid Amplification Testing (NAAT). This test is intended for use only with specimens from <u>newly</u> infected patients showing signs and symptoms of active pulmonary tuberculosis. Check all symptoms that are present: <table style="width: 100%; font-size: small; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Positive PPD</td> <td><input type="checkbox"/> Chest pain when breathing or coughing</td> </tr> <tr> <td><input type="checkbox"/> Chest X-ray suggestive of TB</td> <td><input type="checkbox"/> Exposure to person who has active TB</td> </tr> <tr> <td><input type="checkbox"/> Coughing</td> <td><input type="checkbox"/> Malaise</td> </tr> <tr> <td><input type="checkbox"/> Night sweats</td> <td><input type="checkbox"/> Fever</td> </tr> <tr> <td><input type="checkbox"/> Weight loss</td> <td></td> </tr> </table> <p>Cultures or Isolates:</p> <input type="checkbox"/> Identification <input type="checkbox"/> Susceptibility testing (MTB only) <input type="checkbox"/> Genotyping <input type="checkbox"/> Other _____	Known TB patient?	Have TB meds been given in the last 12 months?	<input type="checkbox"/> Yes, current patient	<input type="checkbox"/> Yes, start date ____/____/____	<input type="checkbox"/> Yes, former patient	<input type="checkbox"/> Yes, start date unknown	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Positive PPD	<input type="checkbox"/> Chest pain when breathing or coughing	<input type="checkbox"/> Chest X-ray suggestive of TB	<input type="checkbox"/> Exposure to person who has active TB	<input type="checkbox"/> Coughing	<input type="checkbox"/> Malaise	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Fever	<input type="checkbox"/> Weight loss		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
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