

Interjurisdictional TB Notification (IJN) Follow-Up Form

Report Status Date Follow-Up Form Sent Follow-Up On

Return Follow-Up Form To:

Name Phone Fax

Address City State Zip

Person Completing Form:

Name Jurisdiction

Phone Fax Email

Referred Person's Information:

Last Name First Name Middle Name

DOB Sex Hispanic Race/Ethnicity

Country of Birth

Follow-Up Information: Evaluation Evaluation Outcome Treatment

If Active TB Disease: Counting Jurisdiction RVCT #

Results Attached: Please attach all applicable results

RVCT TST IGRA Radiology Smear(s) NAAT Culture(s)/Pathology

DST/Mutation Analysis Submitted for Genotyping Gentype Other Lab (specify)

Disposition: Date of Disposition Reason Dispositioned

If Patient Moved: Notified New Jurisdiction

New Address City County Zip

State/Province/Region Country Phone

Comments:

Note: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form.



National Tuberculosis Nurse Coalition (NTNC)
National Tuberculosis Controllers Association (NTCA)

www.tbcontrollers.org/resources/interjurisdictional-transfers

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