HAIN Rapid TB Diagnostic & Resistance
Submission Form

If you would like to request this test please email Dr. Ray (sray02@emory.edu).
Fax this completed form to 404-463-3460.

Submitter Information	Patient Information
Date of Submission_____ Submitting Facility_____ Address_____ _____ County_____ District_____ Contact Person_____	Name_____ Date of Birth_____ ☐ US Born ☐ Foreign Born Country_____ Year of US Arrival_____

Clinical Information	
AFB Smear Result _____ ☐ Sputum ☐ BAL ☐ Other	MTD ☐ Positive ☐ Not Done

Chest Radiograph ☐ Normal ☐ Abnormal
Cavitary ☐ Yes ☐ No

History of Previous TB Treatment
☐ No
☐ Yes When?_____ Completed treatment? ☐ Yes ☐ No

History of known drug resistance? ☐ Yes ☐ No
If yes ☐ INH ☐ RIF ☐ PZA ☐ EMB ☐ SM ☐ Other _____

Increased risk of malabsorption (i.e. weight loss, albumin <2.5, vomiting/diarrhea)? ☐ Yes ☐ No

Currently on TB Meds for 2 months? ☐ Yes ☐ No

Approval _____ Date _____