

### ***B.3.1 Request for examination of biological specimen for TB***

This is the standard form that accompanies a biological sample sent to a laboratory for smear microscopy, culture, Xpert MTB/RIF or DST (including line probe assay).

Requests for histopathology (including cytology) should be made with the standard forms currently in use at the health facility.

HIV status and previous treatment status are included so that the data required for assessing adherence to, and effectiveness of, testing algorithms can be collected.<sup>1</sup>

If analyses of several types of specimen (e.g. sputum and other fluids) are requested, a separate request form should be used for each specimen.

If multiple analyses (e.g. culture and DST on the same sputum sample) are requested, the results should be sent from the laboratory to the requestor as they become available, rather than waiting until all test results are confirmed. It may therefore be practical to produce the request forms in booklets with self-carbonated paper.

The requestor completes the upper portion of the form, including basic demographic and contact details of the patient being tested. Depending on the type of analysis required, the requestor also fills in the date of sample collection in the lower part of the form.

The lower part of the form is used to communicate results back to the facility that requested the tests, using a standardized notation. The person responsible for the test result must be clearly identified.

#### **Notes for country customization**

- HIV infection details can be omitted if necessary to comply with national confidentiality laws.
- Extra contact details (e.g. telephone number) for requestor and examiner could be added.
- Some countries use different scales for smear (e.g. /300 high-power fields (HPF)).
- Some countries may want to use separate request forms for smear, culture, Xpert MTB/RIF and DST.
- *Treatment unit* can also be a *referring facility*.

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<sup>1</sup> See recommendations in *Rapid implementation of the Xpert MTB/RIF diagnostic test. Technical and operational 'how-to' – practical considerations*. Geneva, World Health Organization, 2011 (WHO/HTM/TB/2011.2; available at [http://whqlibdoc.who.int/publications/2011/9789241501569\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501569_eng.pdf)).

## Request for examination of biological specimen for TB

Treatment unit: \_\_\_\_\_ Date of request: \_\_\_\_\_

Patient name: \_\_\_\_\_

Age (years): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  Female

Patient address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for examination:

Diagnosis. If diagnosis, presumptive RR-TB/MDR-TB?:  Yes  No

OR  Follow-up. If follow-up, month of treatment: \_\_\_\_\_

HIV infection?  Yes  No  Unknown

Previously treated for TB?  Yes  No  Unknown

Specimen type:  Sputum  Other (specify): \_\_\_\_\_

Test(s) requested:  Microscopy  Xpert MTB/RIF  
 Culture  Drug susceptibility  Line probe assay

Requested by (Name and signature): \_\_\_\_\_

\_\_\_\_\_

### Microscopy results *(to be completed in the laboratory)*

Date sample collected <i>(filled by requestor)</i>	Specimen type	Laboratory serial number(s)	Visual appearance (blood-stained, mucopurulent or saliva)	Result <i>(tick one)</i>				
				Negative <i>(0 AFB/100 HPF)</i>	1-9/100 HPF <i>(scanty; report no. of AFB)</i>	+	++	+++

Examined by (name and signature): \_\_\_\_\_

Date of result: \_\_\_\_\_

**Xpert MTB/RIF test result** (to be completed in the laboratory)

Date sample collected: \_\_\_\_\_

*M. tuberculosis*:       Detected                       Not detected                       Invalid / No result / Error

Rifampicin resistance:  Detected                       Not detected                       Indeterminate result

Examined by (name and signature): \_\_\_\_\_

Date of result: \_\_\_\_\_

**Culture results** (to be completed in the laboratory)

Date sample collected (filled by requestor)	Media used (liquid or solid)	Laboratory serial number(s)	Result (tick one)						
			Negative (0 colonies)	1–9 (<10 colonies)	+ (10–100 colonies)	++ (>100 colonies)	+++ (Innumerable/ confluent growth)	NTM <sup>1</sup>	Contaminated

Examined by (name and signature): \_\_\_\_\_

Date of result: \_\_\_\_\_

**Drug susceptibility test (DST) and line probe assay (LPA) results** (to be completed in the laboratory)

Date sample collected (filled by requestor)	Method <sup>a</sup>	Laboratory serial number(s)	Results <sup>b</sup> (mark for each drug)														
			H	R	E	S	Amk	Km	Cm	FQ:	Other:	Other:	Other:	Other:			

<sup>a</sup> Specify: solid media DST; liquid media DST; direct LPA; indirect LPA

<sup>b</sup> Results codes:    R = Resistant    S = Susceptible    C = Contaminated    — = Not done

Examined by (name and signature): \_\_\_\_\_

Date of result: \_\_\_\_\_

<sup>1</sup> Non-tuberculous mycobacteria.