

Latent Tuberculosis (TB) infection reporting form for Civil Surgeons

***Please fax***

To 206-744-4350

- ***This form,***
- ***The radiology report and***
- ***The laboratory results of the interferon gamma release assay***

*See the instructions in the back for additional guidance.*

1. Patient Name (Last, First, MI)

\_\_\_\_\_

2. Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Sex ☐ Male ☐ Female

4. The patient's home address (number and street)

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

5. Country of birth \_\_\_\_\_

6. IGRA test type ☐ QuantiFERON ☐ T Spot. TB

Date IGRA obtained (month, day, year) \_\_\_\_\_

7. Date of Chest X-ray (month, day, year) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Comment:

**Instructions for completing the reporting form**

This form is only for persons that meet the following criteria;

- 1- Has positive IGRA test ( T-Spot or QFT-GIT or QFT Plus)
- 2- Normal x-ray/CT or abnormal chest x-ray/CT not consistent with TB disease

**Do not** use this form for reporting persons who have TB disease or are suspected to have the TB disease.

Items 1-4: Each item should be completed and collected as self-report

Item 5: If the patient was not born in the US, enter the country of birth as well as the month and year of arrival in the US

Item 6: Please submit the copy of any QuantiFeron (QFT-GIT or QFT Plus) or TSpot.TB test result with this form.

Item 7: Please submit the written CXR report with this form.

Comment: Enter any message that the provider wants to communicate about the patient to the TB provider.