

ADMINISTRATIVE FORM

APP	DOCUMENT NAME	VERSION	DOCUMENT No.
	M.TUBERCULOSIS LABORATORY REQUEST	4	JRL.7.12.F3

Hospital Name

Phone No.

File No.

HESN Req No.

Label Information

Patient Information (REQUIRED)

Patient Name	<input type="text"/>	TB Register No.	<input type="text"/>
Nationality	<input type="text"/>	Saudi ID or Iqama No.	<input type="text"/>
Diagnosis	<input type="text"/>	Age	<input type="text"/>
Reason For Examination	<input type="radio"/> Diagnosis <input type="radio"/> Follow up	Treatment Starting Date	<input type="text"/>
HIV Infection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Physician Name Stamp/ Signature	<input type="text"/>
TB Treatment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Chemotherapy given	<input type="radio"/> CAT1 <input type="radio"/> CAT 2 <input type="radio"/> CAT 4	Type of Specimen	<input type="radio"/> Sputum <input type="radio"/> Positive Culture Tube <input type="radio"/> Whole-blood <input type="radio"/> Other.....

Lab Test Requested (REQUIRED)

Type of Examination	Date of Collection	Time of Collection	Name / Signature
<input type="radio"/> PANEL (AFB - Direct PCR - Indirect PCR-Culture/1 st line AST)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> AFB	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Interferon-Gamma Release Assays (IGRAs)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Receiving Information (REQUIRED)

Transported by	<input type="text"/>	Date/ Time	<input type="text"/>	Signature	<input type="text"/>
Received by	<input type="text"/>				<input type="text"/>

Note:

- **IGRAs** are whole-blood tests that can aid in diagnosing TB and latent TB infection.
- Commercially available:
 - QuantiFERON®-TB Gold plus
 - T-SPOT®.TB test (T-Spot)