

**Form 2a. NTP Laboratory Request Form**

**To be filled out by Health Worker**

Name of Collection Unit: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Requesting Physician: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Age: \_\_\_\_ Sex: M  F

Address (in full): \_\_\_\_\_ Telephone/cellphone number: \_\_\_\_\_

History of Treatment:  New  Re-treatment:  Relapse  Treatment After Failure  
 Transfer-in  TALF  PTOU  
 Others

Disease Classification:  Pulmonary  Extra-pulmonary, Site : \_\_\_\_\_

Reason for Examination:  Diagnosis  Follow-up, TB Case No.: \_\_\_\_\_

State if repeat collection and reasons: \_\_\_\_\_

Type of Specimen:  Sputum  Other (specify \_\_\_\_\_)

Test requested:  DSSM  Culture  LPA  
 Xpert MTB/RIF  DST

Specimen	Date of Collection
1	
2	

Name of Specimen Collector: \_\_\_\_\_ Designation of Specimen Collector: \_\_\_\_\_  
 (signature over printed name)

**Portion below to be filled out by Medical Technologist or Microscopist**

Laboratory Serial No. \_\_\_\_ Date Received: \_\_\_\_

SPECIMEN	Smear Microscopy		Xpert MTB/RIF
	1	2*	
Visual Appearance**			
Reading			
Lab. Diagnosis			

\* Specimen #2 = not applicable if sputum follow-up

\*\* Muco-purulent, blood-stained, salivary, etc.

Date of Examination: \_\_\_\_\_ Examined by: \_\_\_\_\_  
 (Signature over Printed Name)