



TB DIAGNOSTICS LABORATORY REQUEST FORM FOR CULTURE & DST

TB LABORATORY MRC UNIT THE GAMBIA	Section 1. PATIENT INFORMATION		
	NAME or (Participant ID)		
SUSPECTED DIAGNOSIS	BIRTH DATE	<i>Last</i> / / <i>First</i>	AGE SEX
		<i>dd mm yr</i>	
STUDY NUMBER	MRC NUMBER	SOURCE	CHARGE CODE
This report is in compliance with SOP-TBL- 001, 002, 004,005, 007, 008, 009, 010, 012, 013 and Assay-TBL-103, 105			
RESULTS (MICROSCOPY)			
Direct ZN:		Concentrate ZN:	
*CULTURE:			
Interim/Final/ Contaminated			
Mycobacterium tuberculosis complex isolated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Mycobacteria isolated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No; if "Yes", enter organism:
*SENSITIVITY Report:			
	(S)	(R)	(NT)
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capreomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethionamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kanamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(S) = Sensitive (R) = Resistant (NT) = Not Tested			
LAB TECH SIGN & DATE	SUPERVISOR SIGN & DATE		LAB No:

*KENAS Accredited Assay