

## CONFIDENTIAL TUBERCULOSIS LABORATORY REPORT

Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Number\* \_\_\_\_\_

Physician \_\_\_\_\_  
 Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_

|  |  |  |
|--|--|--|
| Collection Date: ____/____/____<br>Specimen Source: _____<br>Specimen Number: _____  | Collection Date: ____/____/____<br>Specimen Source: _____<br>Specimen Number: _____  | Collection Date: ____/____/____<br>Specimen Source: _____<br>Specimen Number: _____  |
| 1. Smear result _____<br>Date identified: ____/____/____<br><u>AND/OR</u><br>Pathology findings consistent with<br>TB: _____<br>Date identified: ____/____/____  | 1. Smear result _____<br>Date identified: ____/____/____<br><u>AND/OR</u><br>Pathology findings consistent with<br>TB: _____<br>Date identified: ____/____/____  | 1. Smear result _____<br>Date identified: ____/____/____<br><u>AND/OR</u><br>Pathology findings consistent with<br>TB: _____<br>Date identified: ____/____/____  |
| 2. Culture positive AFB species _____<br>Date identified: ____/____/____   | 2. Culture positive AFB species _____<br>Date identified: ____/____/____   | 2. Culture positive AFB species _____<br>Date identified: ____/____/____   |
| 3. Culture identification<br>_____ M. TB complex<br>_____ M. TB<br>_____ M. bovis<br>_____ Other Mycobacterium<br>Specify _____<br>_____ Culture <b>FINAL</b> - no growth<br>Date identified: ____/____/____ | 3. Culture identification<br>_____ M. TB complex<br>_____ M. TB<br>_____ M. bovis<br>_____ Other Mycobacterium<br>Specify _____<br>_____ Culture <b>FINAL</b> - no growth<br>Date identified: ____/____/____ | 3. Culture identification<br>_____ M. TB complex<br>_____ M. TB<br>_____ M. bovis<br>_____ Other Mycobacterium<br>Specify _____<br>_____ Culture <b>FINAL</b> - no growth<br>Date identified: ____/____/____ |

\* If known

**By law, TB drug susceptibility results must also be reported.  
 Please send them on a separate page when available.**

Lab Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Contact \_\_\_\_\_  
 \_\_\_\_\_

TB Reference Laboratory (if any) \_\_\_\_\_ Phone # \_\_\_\_\_

Title 17, California Code of Regulations, Reportable Diseases and Conditions, Section 2505 currently states that when a laboratory examination of any specimen yields microscopic, cultural, histologic or any other evidence suggestive of tuberculosis, the laboratory director shall notify the health officer of such findings within **one working day** from the time the health care providers who submitted the specimen is notified. The notification shall be submitted to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located.

TO REPORT TO TUBERCULOSIS CONTROL, PLEASE TELEPHONE/FAX RESULTS TO:

*NAME OF COUNTY TB CONTROL PROGRAM  
 ADDRESS  
 CITY, STATE, ZIP  
 TELEPHONE NUMBER  
 FAX NUMBER*