Insert Logo Here

 Patient Label

 **TB CLINIC BACTERIOLOGY REPORT**

 **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Chart #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Genotype Cluster \_\_\_\_\_\_\_ Spoligotype \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIRU \_\_\_\_\_\_\_\_\_\_\_\_ MIRU 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WGS \_\_\_\_\_\_\_\_**

**First Isolate sent to State Lab Yes Date:\_\_\_\_\_\_\_\_\_\_\_ No Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Specimen |  |  |  |  Results |  Drug  Susceptibilities |  |  |
| **Date** | **Laboratory****Example: LabCorp, ARUP, DLS** | **Specimen** **Source** | **Init** | **Smear\*** | **Date Recvd** | **Init** | **DNA Probe** | **Date Recvd** | **Init** | **Myco Culture** | **Date Recvd** | **Init** | **ETH** | **INH** | **PZA** | **RIF** | **SM** | **Other** | **Date Recvd** | **Init** |
|  |  |  |  |  |  |  | **PCR GeneXpert** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Include Colony Co + = Positive O = Outside Lab S = Susceptible - = Negative PHW = Division Laboratory Services R = Resistant