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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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