



State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 418-5473
Fax: (206) 364-0072
MTS #1327 CLIA #50D0661453

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WA-PHL Lab
Number

Date/Time Received

Please Print Clearly

MYCOBACTERIUM ISOLATES

PATIENT	NAME (LAST)		(FIRST)		(MIDDLE)	
	ADDRESS			CITY	COUNTY	STATE ZIP CODE
	MALE <input type="radio"/>	FEMALE <input type="radio"/>	DATE OF BIRTH	MO DAY YR	PATIENT #	SUBMITTER SPECIMEN #

SPECIMEN	SUBMITTER		PRIMARY SUBMITTER			
	ADDRESS		ADDRESS			
	CITY		STATE	ZIP CODE		
	PERSON FILLING OUT FORM		PHONE NUMBER			
	SPECIMEN SOURCE: <input type="radio"/> SPUTUM SPUTUM DIGESTED/CONCENTRATED <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> BLOOD <input type="radio"/> FLUID (SPECIFY) _____ <input type="radio"/> BRONCHIAL WASH <input type="radio"/> TISSUE (SPECIFY) _____ <input type="radio"/> GASTRIC <input type="radio"/> WOUND (SITE) _____ <input type="radio"/> URINE <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> CSF _____		SPECIMEN SUBMITTED IS: <input type="radio"/> ORIGINAL MATERIAL <input type="radio"/> PURE ISOLATE			
	LABORATORY EXAMINATION <input type="radio"/> SENSITIVITIES <input type="radio"/> PZA <input type="radio"/> NAAT <input type="radio"/> PLATE SENSI <input type="radio"/> STOCK <input type="radio"/> hsp65 SEQUENCING ** <input type="radio"/> OTHER (SPECIFY) _____		DATE COLLECTED MO DAY YR DATE RECEIVED MO DAY YR INITIAL AFB MICROSCOPY MO DAY YR POSITIVE NEGATIVE AFB POS CULTURE & RESULT MO DAY YR MTB MOTT DATE SENSI REPORTED MO DAY YR DATE SENT TO STATE LAB MO DAY YR			
	SUSCEPTIBILITY RESULTS: (PLEASE CIRCLE) STREP: S R PZA: S R INH: S R OTHER: _____ S R RIF: S R EMB: S R					

** MTB complex ruled out by the following method _____ Dates AFB Positive Cultures tested: 1st Culture _____ 2nd Culture _____

For sputum AFB Positive Cultures: The same MOTT (Mycobacterium other than TB) organism was isolated from two or more cultures in broth or >5 colonies on solid media.

COMMENTS

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