

**Confidential Morbidity Reporting of Possible/Verified Cases of Tuberculosis**

Patient Information							
Last Name		First Name		Middle Name/Initial		Date of Birth	
Sex	Race		Ethnicity		Nativity	Date of Arrival to US	
Street Address			City, State		Zip	Phone Number	Alt. Phone Number

<b>Current TB Skin Test</b>	mm of induration:				<b>Chest X-ray</b>	<b>Symptoms</b>	<b>Site of Disease</b>
<b>Current IGRA Test</b>	Type: <input type="checkbox"/> T-SPOT <input type="checkbox"/> Quantiferon				Result: <input type="checkbox"/> Normal  <input type="checkbox"/> Abnormal	<input type="checkbox"/> Cough <input type="checkbox"/> Night sweats  <input type="checkbox"/> Fever <input type="checkbox"/> Weight loss	<input type="checkbox"/> Pulmonary  <input type="checkbox"/> Extrapulmonary
	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative						
	<input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline						
<b>Bacteriology</b>					<b>Treatment</b>		
Test	Sputum (Y/N)	Positive	Negative	Not Done	Started on RIPE <input type="checkbox"/> Yes <input type="checkbox"/> No		
Smear AFB					<b>Reporting Provider/Facility Information</b>		
Culture AFB					Provider/Facility Name:		
PCR/NAAT					Provider/Facility Phone Number:		

**Reporting TB**

When?	Who? How?	Why?
If you have a patient with signs and symptoms of TB, or the physician suspects TB for any reason, submit this form to your Regional TB Control Program.	Submit this form to your Regional TB Control Program:  <a href="https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBContactListWebsite.pdf">https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBContactListWebsite.pdf</a>	<i>Mycobacterium tuberculosis</i> is a Class B reportable disease per the Louisiana Administrative Code, Public Health Sanitary Code. Cases of TB disease must be reported to the health department within 24 hours.