

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

Current TB Skin Test	mm of induration:			Chest X-ray	Symptoms	Site of Disease	
Current IGRA Test	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"/> Pulmonary	
	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline				<input type="checkbox"/> Fever <input type="checkbox"/> Weight loss	<input type="checkbox"/> Extrapulmonary	
Bacteriology				Treatment			
Test	Sputum (Y/N)	Positive	Negative	Not Done	Started on RIPE <input type="checkbox"/> Yes <input type="checkbox"/> No		
Smear AFB					Reporting Provider/Facility Information		
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: https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBControlDirectory.pdf	<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.