

Tuberculosis Test Request Form

Name (Last, First)		Lab ID		
Male	Female	Patient Zip Code	Collection Date	DOB (mm/dd/yyyy)
New Suspect	TYPE	Sputum	TEST	
Routine Workup		BAL	AFB Smear and Culture	TB Culture Confirmation
Known Active Case		Other _____	AFB Identification	TB Susceptibility Testing
			TB NAAT	TB MDDR
			Other _____	
SEND REPORT TO:			 <p style="margin: 0;">IDAHO DEPARTMENT OF HEALTH & WELFARE DIVISION OF PUBLIC HEALTH</p> <p style="margin: 0;">Idaho Bureau of Laboratories 2220 Old Penitentiary Road Boise, Idaho 83712 (208) 334-2235</p> <p style="margin: 0; font-size: small;">Revised 11/2016</p>	
Facility _____				
Attention _____				
Address _____				
City/State/Zip _____				
Physician _____				
Phone _____				