

Mycobacteria Test Request Form

PATIENT DETAILS

SURNAME: GENDER: MALE FEMALE

FIRST NAME: DATE OF BIRTH: ___/___/___

Laboratory Identity Code

Reference

BIOLOGICAL SAMPLE REFERRAL

Place sample in the purple bag and the request form in the front pouch of the bag.
Transport temperature: +4°C.

Sampling Date

Test Requested:

- Mycobacteria Assay (direct examination + culture)
 Hansen's bacillus (slide or swab)
- Direct examination (only)
- Culture (only)
- Direct PCR (GeneXpert)
- Gene mutation for rifampicine resistance (GeneXpert)
- Gene mutation for rifampicine and isoniazide (Hain), only for positive direct examination sample

Sample type: Number of samples: 1 2 3 other:...

Respiratory

- Expectoration
 Fibro aspiration
 BAL
 Gastric
 Other:.....

Extra pulmonary

- Urines
 CSF
 Blood
 Bone marrow
 Stools

Puncture fluid

- Articular
 Ascite
 Pleural
 Other:

Biopsy

Swab (2 swabs)

Specify:

MYCOBACTERIAL STRAIN REFERRAL

Place sample in the triple biohazard packaging with the request form (diagnobox supplied on request)
Transport temperature: ambient.

- Identification + sensitivities (M. Tuberculosis complex / M. avium complex / rapid growth)
- Identification only
- Sensitivities only → please specify the identification: Mycobacterium
- Gene mutation for resistance to rifampicine and isoniazide (Hain) for Mycobacterium tuberculosis complex

Sample type: Seeding date: ___/___/___

Direct examination:

Culture in days

Medium sent:

- Solid:** Coletsos Lowenstein Jensen
- Liquid:** BBL MGIT MYCO/F MB Redox Versatrek
- BacT/alert Myco/F lytic BioFM

CLINICAL DETAILS

Patient history:

Treatment