# 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** | **Extra pulmonary** | **Puncture fluid** | **Biopsy** Swab (2 swabs) |
|---|---|---|---|
| ☐ Expectoration | ☐ Urines | ☐ Articular | |
| ☐ Fibro aspiration | ☐ CSF | ☐ Ascite | Specify: …… |
| ☐ BAL | ☐ Blood | ☐ Pleural | |
| ☐ Gastric | ☐ Bone marrow | Other: …… | |
| ☐ Other:…… | ☐ Stools | | |

## 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 ……

Issue No.: 1.0
Active Date: 07/06/2018