



SPECIMEN COLLECTION & REFERRAL

Worksheet (W1:M2)

EXERCISE 1: PROPERLY FILLING NTP REQUISITION FORM

Time: 30 minutes

Instructions:

Work in groups. Based on your assigned group, complete a TB request form (provided below) for one of the following scenarios:

- Group 1: Asha Mbaba, phone number 0653222426, 34 years old coughing one month, HIV unknown, no history of TB, GeneXpert onsite, from Nachingwea. Requestor- Kijakazi Salumu.
- Group 2: Mwana Juma, contact 0755001122, 23 years old coughing one month, on HIV treatment, no history of TB but sister has MDR TB, no GeneXpert on site, from Kibaya. Requestor- Mr Jaribu.
- Group 3: Amina Ally, 74 years fever, night sweats, cough 2 weeks, on HIV negative, treated for TB last year but did not complete treatment, GeneXpert on site, from Kiligi. Requestor- Lindi Motwa.
- Group 4: Patonya Malaga, 50 years, Mvumi mission, phone 07143333. Presents with weight loss, fever on HIV treatment, no history of TB, no GeneXpert on site. Requestor-Kijakazi Salumu
- Group 5: Maganda John, (parent is Elias Maganda), 4 months old, failure to thrive, No known exposure to HIV, mother has TB, No GeneXpert on site.

(Use country NTP Request Form)

Request for examination of biological specimen for TB

Treatment unit: _____ Date of request: _____

Patient name: _____

Age (years): _____ Date of birth: _____ Sex: ☐ Male ☐ Female

Patient address: _____

Telephone: _____

Reason for examination:

☐ Diagnosis. If diagnosis, presumptive RR-TB/MDR-TB?: ☐ Yes ☐ NoOR ☐ Follow-up. If follow-up, month of treatment: _____HIV infection? ☐ Yes ☐ No ☐ UnknownPreviously treated for TB? ☐ Yes ☐ No ☐ UnknownSpecimen type: ☐ Sputum ☐ Other (specify): _____Test(s) requested: ☐ Microscopy ☐ Xpert MTB/RIF
☐ Culture ☐ Drug susceptibility ☐ Line probe assay

Requested by (Name and signature): _____

Microscopy results (to be completed in the laboratory)

Date sample collected (filled by requestor)	Specimen type	Laboratory serial number(s)	Visual appearance (blood-stained, mucopurulent or saliva)	Result (tick one)				
				Negative (0 AFB/ 100 HPF)	1–9/100 HPF (scanty; report no. of AFB)	+	++	+++

Examined by (name and signature): _____

Date of result: _____