



## Latent (Inactive) Tuberculosis Reporting Form for Civil Surgeons

This form is only for persons that meet the following criteria:

1. Has positive IGRA test (T-Spot or QFT-GIT or QFT Plus)
2. Has normal x-ray/CT or abnormal chest x-ray/CT not consistent with TB disease

**Do not** use this form for reporting persons who have confirmed or highly suspicious TB disease (i.e. initiation of empiric treatment). TB disease must be reported by a phone call to the local health department.

Please fax the following items **with this completed worksheet** to 425-339-5217:

- A fax cover sheet with your letter head;
- The laboratory results of the interferon gamma release assay (IGRA); and
- The chest radiology report.

1. Patient Name (last, first, middle initial): \_\_\_\_\_

2. Date of birth: \_\_\_\_\_

3. Country of birth: \_\_\_\_\_

4. Language: \_\_\_\_\_

5. Sex:  Male  Female

6. Phone: \_\_\_\_\_

7. Home address (number, street): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_

8. IGRA test type:  QuantiFERON  TSpot.TB Date tested (month, day, year): \_\_\_\_\_

- Please attach a copy of any QuantiFERON (QFT-GIT or QFT Plus) or TSpot.TB test result with this form.

9. Date of chest radiograph (month, day, year): \_\_\_\_\_

- Please attach a copy of the radiologist's chest x-ray report with this form.

10. Name of patient's Primary Care Provider (PCP): \_\_\_\_\_

11. Name of practice: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Additional comments: \_\_\_\_\_