REPUBLIC OF KENYA

MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

XPERTMTB/RIF & SPUTUM SMEAR EXAMINATION REQUEST FORM

Patient Name (3 names): ……………………………………………………………………………………Age: ……………………….Sex: …………………

Patient's Mobile. No: …………………………Physical address: ……………………………… Guardians mobile No:………………………………

OP/IP Patient ID: ………………………………. MDRTB Register No: ………………………… TB register No: …………………………………………

Ward/Department: …………………………. Facility:………………………County: …………………………… Sub County: ………………………..

Clinician/HCW Mobile No: ……………………………………Email:…………………………………Signature: ………………………………

SCTLC's Mobile: ……………………………………………………………Email: ………………………………………………………………

CTLC Mobile No: ……………………………………………………………Email: ………………………………………………………………

Date of sample collection: ………………………………………………………

HIV Status: Positive **O** Negative **O** Not done **O** Declined **O**

Reasons for smear examination: (Tick)

New O Follow up at 2 months **O** 4 Months **O** 6 months **O** Others specify…………………………

Reasons for Xpert MTB/RIF testing (See the various indications and tick corresponding box)

1. Low risk for DR TB

All presumptive TB cases who are not in the high risk group

Including:

O PLHIV with TB symptoms

O Children <15 years with TB symptoms

O All presumptive Tb cases with a negative Smear microscopy result

2. High risk for DR TB surveillance

O Treatment failures

Relapses Treatment after loss to follow up

O DR TB contacts

2. Cont'd Surveillance

O Smear positive at month 2 and 5 of TB treatment

O Patient who develops TB symptoms while on IPT or has had previous IPT exposure

O Healthcare workers with TB symptoms

O Prisoners with TB symptoms

O Refugees with TB symptoms

Type of sample: **O** Pulmonary (Sputum) **O** Extra pulmonary (specify)……………………………………………………

LAB REPORT

Date ……………………………Time Sample received………. Method used: ZN ☐ FM ☐ Xpert ☐

Lab serial no.	Specimen type	Visual Appearance	Results						
			Neg	Actual no.	+	++	+++	Xpert results**	Date & Time dispatched

****select one of the following**

TS MTB detected Rif resistance not detected,

RR MTB detected & Rif resistance detected,

TI MTB detected Rif resistance indeterminate,

N MTB not detected

I Invalid/No results/Error

Examined by (Name and Signature-------------------------------------Date_____/-------------/------------

Reviewed by (Name and signature ………………………………………… Date_____/-------------/----------