



# FALSE-POSITIVE INVESTIGATION FORM

Patient Name: \_\_\_\_\_ Accession Number: \_\_\_\_\_

Date of Collection: \_\_\_\_\_ Specimen Source/Type: \_\_\_\_\_

## Laboratory Processing Information

Date of Processing: \_\_\_\_\_ Processing Technologist: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Does the specimen container label match the specimen requisition form?   | Yes | No |
| Does the specimen requisition form information match LIMS information?   | Yes | No |
| Was the specimen(s) processed with another positive specimen?  | Yes | No |
| Is MTBC growing in only one culture?   | Yes | No |
| > Liquid?      Yes      No   |     |    |
| > Solid?      Yes      No  |     |    |
| Was a reprocessed liquid media processed in the same batch?  | Yes | No |
| Were any unusual occurrences documented on day of processing (spills, leaking specimen container, etc.)?         | Yes | No |
| If you selected Yes, describe the occurrence(s): _____   |     |    |
| Were any proficiency testing strains or quality control strains processed in same batch or recently in same BSC? | Yes | No |

## Laboratory Test Results

Date Processed	AFB Smear Result/Date	Liquid Culture Result/Date	Solid Culture Result/Date	NAAT Result/Date	Species ID Result/Date	DST Result	Genotype Result

## Submitter Information

Submitter: \_\_\_\_\_ Submitter Point of Contact: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Was the specimen collected in the same location on the same date as another positive specimen?       | Yes | No |
| Was the specimen collected with the same instrument (e.g. bronchoscope)?                             | Yes | No |
| Were specimen collection containers and specimen requisition forms labeled and filled out correctly? | Yes | No |



### TB Control/Clinical Information

Date Contacted: \_\_\_\_\_ Program/Healthcare Provider Contact: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| ➤ Is the patient a suspected TB case?                   | Yes | No |
| ➤ Is the patient a contact of a known positive TB case? | Yes | No |
| ➤ Was the patient born outside of the United States?    | Yes | No |

Country: \_\_\_\_\_

➤ Patient Clinical Data:

- |  |     |    |
|--|-----|----|
| ➤ History of TB?                       | Yes | No |
| ➤ Positive TST?                        | Yes | No |
| ➤ Positive IGRA?                       | Yes | No |
| ➤ Abnormal chest X-ray?                | Yes | No |
| ➤ Clinical picture consistent with TB? | Yes | No |
- i. Symptoms include:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- |                                  |     |    |
|----------------------------------|-----|----|
| ➤ Current treatment for TB?      | Yes | No |
| ➤ Prior treatment for TB?        | Yes | No |
| ➤ Prior treatment for latent TB? | Yes | No |

➤ Genotyping Data

- |                       |     |    |
|-----------------------|-----|----|
| ➤ Genotyping results? | Yes | No |
|-----------------------|-----|----|
- Result: \_\_\_\_\_
- i. Match to an isolate from a different patient?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- Notes: \_\_\_\_\_
- ii. Match to a previous isolate from the same patient?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- Notes: \_\_\_\_\_
- iii. Match proficiency or quality control strain?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- Notes: \_\_\_\_\_

### Findings/Conclusions

➤ Likelihood that result(s) is a false-positive

High	Moderate	Low	None
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➤ Describe finding(s) that could have resulted in false-positive result or cross-contamination:

\_\_\_\_\_

\_\_\_\_\_

Date of Investigation: \_\_\_\_\_ Investigator: \_\_\_\_\_

Date of Resolution: \_\_\_\_\_

➤ Actions:

- Notified submitter on \_\_\_\_\_
- Notified TB program/healthcare provider on \_\_\_\_\_
- Updated/corrected test results on \_\_\_\_\_
- Reviewed/updated standard operating procedures on \_\_\_\_\_

