

Molecular Detection of Drug Resistance Request Form

Laboratory Branch / Division of TB Elimination/ CDC
1600 Clifton Road, Atlanta, GA 30329
Phone 404-639-2455 FAX 404-639-5491 TBLab@cdc.gov

Instructions: Please provide the following information and submit the completed form via email to TBLab@cdc.gov or fax at 404-639-5491. An email notification will be provided upon approval with further instructions.

Section 1. Laboratory Contact Information

Date of Request:

Submitting Laboratory:

Contact Name:

Phone Number:

Fax Number:

E-mail Address:

Section 2. Type of Specimen / Specimen Identifier

Patient or Sample ID:

Isolate; Specify medium:

NAAT+ sediment; Specify specimen source:

and AFB smear result:

DNA

Section 3. Submission Criteria (check all that apply)

Known MDR; Test method:

Known RIF resistant; Test method:

Contact to known MDR Previously Treated for TB Previously Treated for LTBI

From a country with a high rate of drug resistant TB; Specify:

Travel to / lived in a country with a high rate of drug resistant TB; Specify:

Mixed culture Non-viable in culture No / poor growth in DST media

Clinical reason(s); Explain

Other; Explain

Has a sample from this patient been previously submitted to CDC? Yes No

If yes, please provide reason for resubmission and the previous CDC Specimen ID(s):