Molecular Detection of Drug Resistance Request Form

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. TB Program Contact Information

Contact Name              Phone Number

Fax Number                E-mail Address

Section 3. Type of specimen

☐ Isolate; Specify medium:

☐ NAAT+ sediment; Specify specimen source:

Section 4. Submission Criteria (check all that apply)

☐ Known MDR; Test method:

☐ Known RMP resistant; Test method:

☐ Contact to known MDR    ☐ Previously Treated for TB

☐ 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

☐ Other; Explain

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

If yes, please provide reason for resubmission: