

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

TB 05

Directorate General of Health Services, Bangladesh
Request Form for AFB Microscopy/Xpert MTB/RIF Examination
(The completed form with results should be sent promptly by
the Laboratory to the referring facility)

Name of Referring Facility¹: _____ Date: _____

Name of Patient: _____ Age: _____ Sex: M F

Occupation: _____ Name of Father / Husband: _____

Full Address of Patient: _____

_____ Telephone no of patient/contact person: _____

OPD Reg. No.: (if any): (For Presumptive TB cases/suspects only): _____

Reason for examination: Diagnosis Follow-up If follow-up No. of month of Treatment: _____

Disease Classification: Pulmonary Extra-pulmonary (EP) If EP, Site _____

Nature of Specimen: Sputum Urine Pus Other Specify _____

Specimen identification no: _____ Patient TB Registration No: _____
(For follow-up patients)

Signature of person requesting examination: _____

Name & designation of person requesting examination: _____

1. Including all public and private health facility/providers

RESULTTS (To be completed in the Laboratory)

Lab Registration No: _____

Visual appearance of the specimen (if it is sputum): Muco-purulent Blood-stained Saliva

Microscopy results

Date of Collection*	Specimen	Result				
		Negative	Scanty (1-9)**	1+	2+	3+
	1					
	2					

Xpert MTB/RIF results

Date of Collection*	ID number	MTB detected	If MTB detected		
		Y/N	*** T/ RR	Rif Indeterminant (TI)	Error

Sputum collected by: _____ Examined by: _____

Signature: _____ Signature of Medical Tech (Lab): _____

Name: _____ Name: _____

Date: _____ Date: _____

* To be completed by the person collecting the sputum
** Please Mention the number of bacilli
*** T=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 result/ error
Name of Lab/Organization: _____