

## REPORT OF POSITIVE SMEAR (AFB) AND/OR POSITIVE CULTURE OF *M. TUBERCULOSIS*

### A. Patient Information:

Last Name		First Name		MI	Patient Number:	
Street/Apt. #:			City, State, Zip Code:		Telephone #:	Date of Birth:
Race:			Sex:	County of Residence:		
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						

### B. Specimen Submitted by:

Hospital, Clinic:	Patient's Physician:
Street:	
City, State, Zip Code:	

C. Date Specimen Collected: \_\_\_\_\_ Accession Number: \_\_\_\_\_

D. Specimen: ☐ Sputum ☐ Gastric ☐ Urine ☐ Other: \_\_\_\_\_

### E. Report:

1. ☐ Smear Positive (AFB):
  - ☐ Culture will be sent to State Laboratory
  - ☐ Culture not sent to State Laboratory**Result date:** \_\_\_\_\_
2. ☐ Smear Negative; growth evident on culture
  - ☐ Culture will be sent to State Laboratory**Result date:** \_\_\_\_\_
3. ☐ Nucleic Acid Amplification or PCR Positive for *Mycobacterium tuberculosis* (Specimen must also be sent for AFB culture)  
**Result date:** \_\_\_\_\_
4. ☐ Culture Positive for *Mycobacterium tuberculosis*  
**Result date:** \_\_\_\_\_
5. ☐ Culture Positive for non-*tuberculosis Mycobacterium (NTM)*

### F. Drug Susceptibility Tests

**Result date:** \_\_\_\_\_

DRUG	<u>S</u>	<u>R</u>
RIF		
INH		
PZA		
EMB		

S — Susceptible

R — Resistant

G. Additional Comments: \_\_\_\_\_

### H. Reported by:

Name: (Director, Pathologist, Designee)	
Street:	Telephone:
City, State, Zip Code:	County:

Pursuant to General Statute 130A-139, all laboratories in North Carolina must report each smear positive for acid fast bacilli and each culture positive for *Mycobacterium tuberculosis* within 24 hours of obtaining the result.

**Purpose:** For use by all non-health department laboratories in North Carolina to report positive smears (AFB) and *Mycobacterium tuberculosis* cultures to the Division of Public Health, Epidemiology Section as required by General Statute 130A.139.

#### Section E.

- #1 — Report smears positive for AFB within 7 days to enable timely epidemiology.  
If culture is sent to the State Lab, no further report is necessary from your laboratory.
- #2 — Report if smear negative; growth evident on culture. Indicate if culture sent to State Lab.  
Further culture reports will not be necessary if culture sent to State lab.
- #3 — Report positive findings of *Mycobacterium tuberculosis* done by Nucleic Acid Amplification or PCR.
- #4 — Report positive findings of *Mycobacterium tuberculosis* if your laboratory performs mycobacterial culture isolation and identification.
- #5 — Report positive findings of mycobacteria other than tuberculosis if your laboratory performs mycobacterial culture isolation and identification.

NOTE: Do not delay submitting report for AFB positive smears while awaiting culture results.

#### Section F.

Report drug susceptibility tests on *Mycobacterium tuberculosis* if your laboratory performs these tests.

**Distribution:** Send completed report to:

**DHHS / Division of Public Health  
Epidemiology Section / TB Control**  
1905 Mail Service Center  
Raleigh, NC 27699-1905  
Telephone: (919) 755-3184  
Fax: (919) 733-0084  
NCTBprogram@dhhs.nc.gov

**Disposition:** Laboratories — No copy required. Health Department — Keep the original copy for health department records. This form may be destroyed in accordance with the Budget and Fiscal Records section of the *Records Disposition Schedule* published by the Division of Archives and History.

**Reorder:** Additional forms may be downloaded from N.C. TB Control website:  
[http://epi.publichealth.nc.gov/cd/tb/docs/dhhs\\_3005.pdf](http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3005.pdf).