

Name of Department _____

Shipping Address _____

City _____ State _____ Zip _____

Account Number _____

Tuberculosis Biologicals Requisition and Inventory

Quantity On Hand	Earliest Expiration Date	Quantity Ordered	Unit Size	Drug Name and Strength	Item Number
btls		btls	100 tabs/btl	Isoniazid Tablets 300 mg	
btls		btls	100 tabs/btl	Isoniazid Tablets 100 mg	
btls		btls	480 mL/btl	Isoniazid Syrup 50 mg/5mL	
btls		btls	60 caps/btl	Rifampin Capsules 300 mg	
btls		btls	30 caps/btl	Rifampin Capsules 150 mg	
btls		btls	60 caps/btl	Rifamate Capsules (RIF 300 mg/INH 150 mg)	
blstrpks		blstrpks	24 count/box	Rifapentine Tablets 150 mg	
btls		btls	60 tabs/btl	Pyrazinamide Tablets 500 mg	
btls		btls	90 tabs/btl	Pyrazinamide Tablets 500 mg	
btls		btls	100 tabs/btl	Ethambutol Tablets 100 mg	
btls		btls	100 tabs/btl	Ethambutol Tablets 400 mg	
btls		btls	100 tabs/btl	Pyridoxine Tablets 25 mg (B6)	
btls		btls	100 tabs/btl	Pyridoxine Tablets 50 mg (B6)	
vials		vials	10 test/vial	Tuberculin PPD – Intermediate Strength	
vials		vials	50 test/vial	Tuberculin PPD – Intermediate Strength	
vials		box of 50	15 mL/vial	Sodium Chloride 3%	
SPECIAL ORDERS – REQUIRE PRIOR APPROVAL					
boxes		boxes	100 tabs	Ciprofloxacin Tablets 250 mg	
boxes		boxes	100 tabs	Ciprofloxacin Tablets 500 mg	
boxes		boxes	50 tabs	Ciprofloxacin Tablets 750 mg	
btls		btls	100 mL/btl	Ciprofloxacin 250 mg/5 mL (5% Oral Suspension)	
btls		btls	100 tabs/btl	Ethionamide Tablets 250 mg	
btls		btls	1x480mL	Levofloxacin 25 mg/mL (Oral Solution)	
btls		btls	50 tabs/btl	Levofloxacin Tablets 250 mg	
btls		btls	50 tabs/btl	Levofloxacin Tablets 500 mg	
btls		btls	20 tabs/btl	Levofloxacin Tablets 750 mg	
btls		btls	20 tabs/btl	Linezolid Tablets 600 mg	
btls		btls	30 tabs/btl	Moxifloxacin Tablets 400 mg	
btls		btls	26 tabs/btl	Pretomanid Tablets 200 mg	
vials		vials	1 mL/vial	Pyridoxine Injectable 100 mg/mL (B6)	
btls		btls	100 caps/btl	Rifabutin Capsules 150 mg	

Ordered By: _____ Date _____

Purpose: For local health departments to:

1. Order drugs for the prevention and treatment of tuberculosis.
2. Account for the inventory of tuberculosis drugs stored at the health department.

Preparation: This form is to be prepared by the health department representative responsible for ordering tuberculosis drugs. The identifying information requested in the upper left corner of the form must include the street address where shipment is to be made.

Instructions: For each drug being ordered

- A. In column 1, enter the number of containers of the drug presently in inventory at the health department.
- B. In column 2, enter the earliest expiration date of the drug in inventory.
- C. In column 3, enter the quantity ordered.

To determine the quantity to order for the most commonly used tuberculosis medicines, the following steps are suggested:

1. Determine the number of patients who are to receive the drug.
2. Based on the number of patients receiving the drug, use the following table to determine the drug reserve.
3. Add the number of patients and the drug reserve to determine the monthly need.
For example, if a health department has 10 patients who are to receive INH 300 mg, then the drug reserve is 5. Therefore, the monthly need is 15.
4. Subtract "monthly need" from "quantity on hand" to determine "quantity ordered."

Drug Reserve- INH, B6 # Patients/Month	Extra Bottles	Drug Reserve- RIF, EMB, PZA # Patients/Month	Extra Bottles
1-10	5	1-10	2
11-20	10	11-20	5
21-40	15	21-40	8
41-60	20	41-60	10
61-100	25	61-100	12
100	30	100	15

Enter the signature of the person placing the order and the date of the order.

Email the completed order form to: Eric Davis @ eric.a.davis@dhhs.nc.gov.

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.

To download TB forms go to http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3093.pdf.