



## **Alaska Tuberculosis Program PPD Order Form Public Health Centers**

Note: Effective 7/01/13 the SOE discontinued supplying PPD to providers for TB testing. Providers must obtain PPD from manufacturers or distributors.

State-supplied PPD is available at no cost to Public Health Nurses (PHNs) for tuberculosis (TB) skin testing (TST) in individuals at risk for TB infection or disease, including:

- Individuals identified as contacts to a person with infectious TB (contact or outbreak investigations).
- Health care workers (HCWs) or personal care attendants (PCAs) requiring testing for new employment or known ongoing exposure in the workplace, who cannot access testing through their PCP or their employee health department.
- Persons requiring TST for entry into residential facilities or treatment facilities.
- Newly arrived individuals with TB-related conditions identified during overseas medical examinations (Class A/B TB). Interferon Gamma Release Assay (IGRA) is recommended over TST if client is from a country of origin that provides BCG.
- Uninsured individuals who are at high risk for TB infection and disease.
- Widespread testing (TB Sweeps) in high-risk communities and schools as identified by public health.
- Referrals made by the Section of Epidemiology TB Program for follow-up.

***PHNs should consult with their PHN IV or the Section of Epidemiology (SOE) for approval of state-supplied PPD use outside of the above parameters (e.g., for school or employment screening).***

The [TB infection risk assessment form](#) may be used to help identify individuals who should be tested for TB. In certain circumstances (e.g., foreign-born individuals), serum Interferon-Gamma Release Assays (IGRAs), if available, may be the preferred test over TST.

Please contact SOE with any questions at 907-269-8000.



**PPD ORDER FORM – Please fill in the following information.**

**Public Health Center:** \_\_\_\_\_

**Requestor / Point of Contact:** \_\_\_\_\_

**Physical Address (NO P.O. Boxes):** \_\_\_\_\_

**Mailing Address (if different from physical):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Special Delivery Instructions:** \_\_\_\_\_

Please allow up to 3 weeks for processing. For larger requests or anticipated events that may require additional PPD, please notify the Depot to verify available inventory. Staff will notify person of contact once the order is ready to be shipped.

- Anchorage/Mat-Su area PHNs will be able to pick up their order at the SOE TB Room.
- All other orders will be shipped via Goldstreak, courier service, or other prearranged methods.
- [Adhere to the manufacturer's recommended storage conditions and proper cold chain management during off-site travel clinics](#) Store at 2° to 8°C (35° to 46°F). **Do not freeze.**
- **Report all temperature excursions promptly to the SOE TB Room at (907)269-0788 or (907)269-8104 OR email [epi.rx.room@alaska.gov](mailto:epi.rx.room@alaska.gov)**

**NEED BY DATE:** \_\_\_\_\_

BALANCE ON HAND:	ORDER QUANTITY:	FOR DRUG ROOM USE:		
1ml vials: _____	1ml vials: _____	Qty: _____	Lot: _____	Exp: _____
5ml vials: _____	5ml vials: _____	Qty: _____	Lot: _____	Exp: _____

**Note: 1ml vial contains 10 doses/tests and 5ml contains 50 doses/tests. A vial of PPD which has been entered and in use for 30 days should be discarded**

Please FAX (907)269-0472 or email completed form to [EPI.RX.ROOM@ALASKA.GOV](mailto:EPI.RX.ROOM@ALASKA.GOV)