



Latent Tuberculosis (TB) Infection Reporting Form for Civil Surgeons

<p>Please Fax</p> <ul style="list-style-type: none"> • <i>This form,</i> • <i>The radiology report,</i> • <i>The laboratory results of the interferon gamma release assay, and</i> • <i>LTBI treatment recommendations, if any.</i> 	<p>To assist with Public Health follow-up, please fax reports as noted:</p> <ul style="list-style-type: none"> • Anchorage residents: Municipality of Anchorage (907)249-7992 • Residents outside of Anchorage: Alaska TB Program (907)563-7868
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See the instructions on the back for additional guidance.

1. **Patient Name** (Last, First, MI)

2. **Date of birth** _____ - _____ - _____

3. **Sex** Male Female

4. **The patient's home address** (number and street)

City _____ **Zip Code** _____

Home telephone (____) _____ **Cell phone** (____) _____

5. **Country of birth** _____
Arrival in the U.S. (month, year) _____ - _____

6. **IGRA test type** QuantiFERON T Spot.TB
Date IGRA obtained (month, day, year) _____ - _____ - _____

7. **Date of Chest X-ray** (month, day, year) _____ - _____ - _____

8. **Reported by** _____ **Contact number** (____) _____

9. **LTBI treatment status** Initiated Referred Declined Other
(if Declined or Other- please indicate why/ describe below)

Comments:



Instructions for completing the reporting form:

This form is only for persons that meet all of the following criteria:

- 1- Positive IGRA test (T-Spot or QFT-GIT or QFT Plus)
- 2- Normal x-ray/CT or abnormal chest x-ray/CT not consistent with TB disease
- 3- No signs or symptoms of TB disease

Do not use this form for reporting persons who have active TB disease or are suspected to have active TB disease. *Suspected or confirmed cases of active TB disease should be **reported** to the Alaska Section of Epidemiology at (907)269-8000 within 5 business days.*

Items 1-4: Each item should be completed and collected as self-report.

Item 5: If the patient was not born in the US, enter the country of birth as well as the month and year of arrival in the U.S.

Item 6: Please submit the copy of any QuantiFeron (QFT-GIT or QFT Plus) or TSpot test result with this form.

Item 7: Check CXR result as appropriate. Please submit the written CXR report with this form.

Item 8: Please enter the name and contact number for the submitting provider.

Item 9: Please indicate the plan for LTBI treatment for the patient.

Comment: Enter any message that the provider wants to communicate about the patient to the Alaska TB Program, such as LTBI treatment or patient referral recommendations.

Questions? Call the Alaska TB Program at (907) 269-8000