

Report: Positive Tuberculin Skin Test (TST) and/or Interferon Gamma Release Assay (IGRA)

Client information

Fax completed form to confidential line 519-271-2195.

1

First name _____ Last name _____

Date of birth (yyyy/mm/dd) _____ Age ____ Gender: F M Other

Address (911) _____

City or town _____ Province _____ Postal code _____

Phone _____ Email _____

Primary care provider _____ Phone _____

Language spoken _____ Interpreter required: No Yes

Reason for testing

2

Contact/exposure to TB Relationship _____

Immigration screen _____

Occupation/school/volunteer/daycare Occupation/study area _____

Medical reasons Specify _____

Travel Country _____ Date (yyyy/mm/dd) _____

Signs and symptoms of active TB _____

Other _____

Client history

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Previous TST: Yes No If yes, date given (yyyy/mm/dd) _____

Date read (yyyy/mm/dd) _____ Result (mm) _____

TST information

4

Skin Test #1

Date given (yyyy/mm/dd) _____

Date read (yyyy/mm/dd) _____

Result (mm) _____ Positive Negative

Skin Test #2

Date given (yyyy/mm/dd) _____

Date read (yyyy/mm/dd) _____

Result (mm) _____ Positive Negative

IGRA

Date given (yyyy/mm/dd) _____

Result: Positive Negative

Report positive results if:

≥ 5mm induration

HIV+, known contact to active TB, Fibronodular disease, prior to organ transplant and immunosuppressive therapy, receipt of biologic drugs, stage 4 or 5 kidney disease

≥ 10mm induration

<2 years TST from -ve to +ve, diabetes, malnutrition, tobacco smoker, daily consumption >3 alcoholic drinks, silicosis, hematologic malignancies and certain carcinomas, any population considered low risk of disease

Adapted from Canadian Tuberculosis Standards (8th ed.) ch. 4, table 1. Interpretation of TST result and cut off thresholds in various populations.

Symptom review

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None Weight loss Hemoptysis

New or worsening cough Chest pain Loss of appetite

Night sweats Fever/chills Fatigue

Other _____

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Reported by _____

Required

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Name _____ Agency/facility _____

Phone _____ Fax _____

Sign and date here (Required)

X

Date (yyyy/mm/dd) _____

Personal health information

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Personal information is collected under the authority of the *Health Protection and Promotion Act (part VII)* and in accordance with the *Personal Health Information Protection Act* and/or the *Freedom of Information and Protection of Privacy Act*, for the purposes of providing public health programs and for statistical purposes. For more information see www.hpph.ca/privacy.