

Latent Tuberculosis Infection

Name (last, first):	Address:									
City/State/Zip: Ethnicity: NOL Hispanic or Latino Birth date: / Age: Birth date: / Age: Country of Birth: U.S. Born Other - List country of birth. Recountry of birth. If born outside the U.S., provide year he/she came to U.S.	City/State/Zip: Ethnicity: Not Hispanic or Latino Birth date: /_/ Age: Hispanic or Latino Country of Birth: U.S. Born Other - List country of birth Hispanic or Latino If born outside the U.S., provide year he/she came to U.S. Native Hi/Other PI Investigator: Investigator phone: Native Hi/Other PI Investigator: Investigator phone: Case Classification: Earliest date reported to LHD: /_/ Case Classification: Earliest date reported to State: /_/ Confirmed Suspect Reporting facility: Not a case Suspect Not a case If yes, Year of previous TB diagnosis : If yes, Year of previous TB diagnosis : Previous LTBI diagnosis : Previous LTBI treatment status: Complete Incomplete Incomplete Incomplete Incomplete Unknown Ever lived outside of the U.S. for more than 2 months? No Yes If yes, list ALL countries the patient has lived in for longer than 2 months : Longer than 2 months : Longer than 2 months :									
Birth date: /Age:	Birth date: _/ _ / Age: Age: Hispanic or Latino □Unk Race: □Hispanic or Latino □Unk Race: □White □Black/Afr. Amer. □Asian □Am. Ind/AK Native □Other PI □Other □Unk □Other □Unk 2. REPORTING INFORMATION									
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Country of Birth: U.S. Bon Other - List country of birth	Country of Birth: U.S. Born Other - List country of birth Asian Am. Ind/AK Native If born outside the U.S., provide year he/she came to U.S. Invative HI/Other PI Other Unk 2. REPORTING INFORMATION Investigator phone: Case Classification: Case Classification: Investigator : Investigator phone: Confirmed Suspect Earliest date reported to LHD: / Not a case Reporting facility: Not a case Not a case If yes, Year of previous TB diagnosis : If yes, Year of previous TB diagnosis : If yes, Year of previous LTBI diagnosis : Previous LTBI diagnosis : Previous LTBI treatment status: Complete No previous treatment Incomplete Incomplete Incomplete Incomplete No previous treatment Unknown Yes If yes, list ALL countries the patient has lived in for longer than 2 months : Yes									
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Positive Negative Not Done Unk	Positive Negative Not Done Unk									

Interferon Gamma Release Assay for Mycobacterium Tuberculosis (IGRA)										
			Date Co	llected	Type of Test					
□ Positive □ Nega	ative 🛛 Borderline 🗖 Indeterminat			e 🛛 Not Done	🗆 Un	k			□ Quantiferon □ T-Spot	
□ Positive □ Nega	ative 🛛 Borderline 🗖 Indeterminat			e 🛛 Not Done	🗆 Un	k		Quantife	ron 🛛 T-Spot	
Chest Radiograph										
CXR Result: Date Notes:										
□ Normal □ Ab										
\square Not Done \square Unk										
Other Chest Imagin	g Study		Date	Notes:						
□ Normal □ Ab	normal									
🗆 Not Done 🛛 Ur	nk									
Specimen Testing	ç	Specimen Type		Date	Sn	near Result	NAAT Result		Culture	
									Result	
1 st Specimen	🗆 Sputum	🗆 Bror	ich 🛛 Tissue		ПР	os +	D Pos	🗆 Not Done	D Pos	
						-	□ Neg		□ Neg	
2 nd Specimen	🗆 Sputum	🗆 Bron	ich 🛛 Tissue			os +		🗆 Not Done	🗆 Pos	
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3 rd Specimen	🗆 Sputum	🗆 Bror	ich 🛛 Tissue			os +		🗆 Not Done	D Pos	
	_					eg	🗆 Neg		□ Neg	
6. EPIDEMOLOGY/RISK FACTORS										
Y N Unk										
🛛 🗆 🗆 Has the pa	tient been h	nomeless	in the past year?							
🗆 🗆 🗆 Was patier	nt incarcera	ted at tim	e of diagnosis? I	<i>f yes,</i> type of fac	ility:			ate prison 🏼	-	
□ Juvenile correctional facility □ Unk □ Other										
□ □ □ Is patient u	under custo	dy of imm	igration and cust	oms enforceme	nt?					
□ □ □ Is patient a	a resident of	f a long-te	erm care facility?	<i>If yes,</i> type of fa	cility:	🛛 Alcohol/D	rug Txt	Hospital b	ased	
\Box \Box \Box Is the patie	ent a vetera	n?				🛛 Mental He	ealth	Nursing home		
						🛛 Residentia	ıl 👘	□ Unk □ Other		
The following quest	ions referen	ce the pas	st year:							
Patient's primary oc	cupation									
Injection drug use?	🗆 Yes	5 □ No [⊐ Unk							
Non-injection drug	use? 🛛 Yes	⊡No [⊐ Unk							
Excess alcohol use?										
Additional LTBI Risk Factors: (check all that apply)										
Contact to a TB c	-		o a MDR-TB case	Diabetic		□End stage i	renal disea	ase 🗆 Fo	reign born	
□ Immunosuppress	□ Missed co					cent convertor				
□ Refugee						□ Smoking □ None				
Other:										
Examples of "Other" additional risk factors include: GI/Bariatric surgery, treatment for cancer, lung disease, etc.										
7. TREATMENT										
Type of regimen patient was on:										
Isoniazid 300mg once a day for 9 monthsRifapentine 900mg and Isoniazid 900mg once a week for 12 weeks										
□ Rifampin 600mg by once a day for 4 months □ B6 50 mg daily during treatment										
□ Other:				_						
Date Started:/_			Stopped:/_		son sto	pped:				
Was the regimen ev			☐ Yes If yes, I	eason why:				·····		
Was the regimen ev			⊔ Yes <i>If yes,</i> ı	eason why:				# times a	altered:	
Total number of dos	ses for entire	e treatme	nt period given t	o the patient:						
Did nations move during LTPL therapy? If yes, where?										
Did patient move during LTBI therapy? If yes, where?										