

**Confidential Morbidity Reporting of Suspected/Confirmed Cases of Tuberculosis**

Patient Information						
Last Name	First Name	Middle Name/Initial	Date of Birth	Sex	Race	Ethnicity
Street Address		City, State	Zip	Phone Number	Alt. Phone Number	

Current TB Skin Test	IGRA Test	Chest X-ray	Symptoms	Site of Disease	
mm of induration:	Type: <input type="checkbox"/> T-SPOT <input type="checkbox"/> Quantiferon	Result: <input type="checkbox"/> Normal  <input type="checkbox"/> Abnormal	<input type="checkbox"/> Cough <input type="checkbox"/> Night sweats	<input type="checkbox"/> Pulmonary	
	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative  <input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline		<input type="checkbox"/> Fever <input type="checkbox"/> Weight loss	<input type="checkbox"/> Extrapulmonary	
Bacteriology				Treatment	
Test	Sputum (Y/N)	Positive	Negative	Not Done	Started on RIPE <input type="checkbox"/> Yes <input type="checkbox"/> No
Smear AFB					Reporting Provider/Facility Information
Culture AFB					Provider/Facility Name:
PCR/NAAT					Provider/Facility Phone Number:

**Reporting TB**

When?	Who? How?	Why?
If you have a patient with signs and symptoms of TB, or the physician suspects TB for any reason, submit this form to your Regional TB Control Program.	Submit this form to your Regional TB Control Program:  <a href="https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBContactListWebsite.pdf">https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBContactListWebsite.pdf</a>	<i>Mycobacterium tuberculosis</i> is a Class B reportable disease per the Louisiana Administrative Code, Public Health Sanitary Code. Cases of TB disease must be reported to the health department within 24 hours.