

Molecular Detection of Drug Resistance Request Form

Laboratory Branch / Division of TB Elimination/ CDC
1600 Clifton Road, Atlanta, GA 30329
Phone 404-639-2455 FAX 404-639-5491 TBLab@cdc.gov

Instructions: Please provide the following information and submit the completed form via email to TBLab@cdc.gov or fax at 404-639-5491. An email notification will be provided upon approval with further instructions.

Section 1. Laboratory Contact Information

Date of Request: _____ Submitting Laboratory: _____
Contact Name: _____ Phone Number: _____
Fax Number: _____ E-mail Address: _____

Section 2. Sample Type / Specimen Identifier

Patient or Sample ID: _____ Specimen Collection Date (Required): _____

Sample Type: (Select One)

- MTBC Isolate; Specify medium:
 NAAT+ sediment; Specify specimen source:
and AFB smear result:

Section 3. Submission Criteria (check all that apply)

- Known MDR; Test method:
 Known RIF resistant; Test method:
 Contact to known MDR Previously Treated for TB Previously Treated for LTBI
 From a country with a high rate of drug resistant TB; Specify:
 Travel to / lived in a country with a high rate of drug resistant TB; Specify:
 Mixed culture Non-viable in culture No / poor growth in DST media
 Clinical reason(s); Explain

 Other (e.g., results needed for optional treatment regimen); Explain

Has a sample from this patient been previously submitted to CDC? Yes No

If yes, please provide reason for resubmission and the previous CDC Specimen ID(s):