

POSITIVE TB SKIN TEST (TST) / IGRA REPORTING & MEDICATION ORDER FORM

Public Health Services
www.hamilton.ca/tuberculosis
 Phone: 905-546-2063
 Fax: 1-844-444-0295



Please complete and fax this form and chest x-ray report to 1-844-444-0295 within 7 days.

Patient's Last Name, First Name Middle Name		Date of Birth (dd/mmm/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other
Address, City, Postal Code		Home Phone Number	Cell Phone Number
Born in Canada <input type="checkbox"/> Yes - Province: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes - identify as: <input type="checkbox"/> First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other Indigenous		Country of Birth	Date of Arrival (dd/mmm/yyyy)
Reason for Test	<input type="checkbox"/> Routine screening (includes volunteer, school, work) <input type="checkbox"/> Medical <input type="checkbox"/> Immigration <input type="checkbox"/> Symptoms - Specify: _____ <input type="checkbox"/> Other - Specify: _____		History of BCG <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes - Year: _____
TST	Date Planted: _____ Date Read: _____ Result: _____ mm induration (dd/mmm/yyyy) (dd/mmm/yyyy)		
IGRA	Testing Date: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Fax result to public health (dd/mmm/yyyy)		

Positive TST: ✓ 10 mm or more is considered positive for most people
 ✓ 5 mm or more may be considered positive in specific situations listed in the Canadian TB Standards, 8th Ed., [Chapter 4](#), Table 1

Patients with positive TST/IGRA require: ✓ Symptom assessment and physical exam
 ✓ **Chest x-ray - Date:** _____ **Fax report to public health**

Symptom Assessment

☐ Asymptomatic ☐ Symptomatic - Specify: ☐ cough ☐ fever ☐ night sweats ☐ fatigue ☐ other: _____

If symptomatic or chest x-ray indicates TB disease: ✓ Instruct patient to isolate at home (provide masks)
 ✓ Collect 3 sputum specimens at least 1 hour apart
 ✓ Report immediately to public health at 905-546-2063

Risk Factors for TB Disease Progression (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> No risk factors
<input type="checkbox"/> HIV infection
<input type="checkbox"/> Close contact of an infectious TB case (within 3 years)
<input type="checkbox"/> Age when infected - under 5 years
<input type="checkbox"/> Silicosis
<input type="checkbox"/> Chronic renal failure / hemodialysis
<input type="checkbox"/> Transplant recipient
<input type="checkbox"/> Fibronodular disease
<input type="checkbox"/> Granuloma on chest x-ray | <input type="checkbox"/> Receiving immunosuppressive drugs
<input type="checkbox"/> Biologics
<input type="checkbox"/> Moderate to high dose steroids
<input type="checkbox"/> Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Alcohol use (3 or more drinks/day)
<input type="checkbox"/> Tobacco cigarette use (1 or more packs/day)
<input type="checkbox"/> Underweight (less than 90% ideal body weight) |
|---|--|

Note: Refer to The Online TST/IGRA Interpreter Tool [The Online TST/IGRA Interpreter](#) to assess risk for active TB disease.

Health Education and Follow-Up (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reviewed signs & symptoms of active TB and when to seek health care
<input type="checkbox"/> TB information provided - available at www.hamilton.ca/tuberculosis
<input type="checkbox"/> Treatment prescribed (refer to TPT Prescription Section)
<input type="checkbox"/> Referred to TB Clinic (Phone: 905-522-1155, Ext. 34198 Fax: 905-525-5806) | <input type="checkbox"/> Referred to family physician
<input type="checkbox"/> Treatment discussed
<input type="checkbox"/> Treatment refused |
|---|---|

TB Preventive Treatment (TPT) Prescription (Refer to TPT Quick Reference)

Medication	Prescription (oral daily)	Mitte (in months)	Duration (in months)
Rifampin	<input type="checkbox"/> 600mg <input type="checkbox"/> 450 mg <input type="checkbox"/> other: _____mg	1	4
Isoniazid	<input type="checkbox"/> 300mg <input type="checkbox"/> other: _____mg	1	9
Pyridoxine (vitamin B6)*	<input type="checkbox"/> 25mg <input type="checkbox"/> other: _____mg	1	9

* Vitamin B6 is given with isoniazid to minimize the risk of neuropathy

Health Care Provider Name: _____ **CPSO #:** _____ **Date:** _____
Signature: _____ **Address:** _____ **Phone:** _____ **Fax:** _____