

1. PATIENT INFORMATION

Patient Name (Last, First) Male Female DOB ___/___/___ CF Patient Registry No.

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Account Name

Address

City State Zip

Billing Contact

PO # Account #

3. REPORT DELIVERY INFORMATION

Attention

Account Name

Address

City State Zip

Duplicate Report Requested

Name

Phone Secure Fax

4. SPECIMEN/ISOLATE INFORMATION

Submitted By Phone

Specimen Source (Required)

- BAL CSF Sputum Sputum (induced) Blood Urine
- Tissue (specify) _____
- Processed specimen (specify) _____
- Cystic Fibrosis (CF) patient History of *Pseudomonas sp.*? Y N
- Environmental sample: **Contact laboratory before collection.**
- Veterinary sample (specify animal) _____
- Other (specify) _____

Swabs not recommended for recovery of AFB organisms—tissue or aspirate is desired.

Isolate Submission Medium (Required)

- Liquid** Aliquot _____ mL
- 7H9 broth MGIT broth BacT/ALERT broth
- VersaTrek broth Other (specify) _____
- Solid** (Plates or biplates are not accepted)
- 7H10 slant 7H11 slant
- Lowenstein-Jensen slant
- Other (specify) _____

Submitter Identification of AFB _____ MTB complex previously ruled out? Y N

Actual Specimen Collection Date (Required) _____ Submitter Specimen # (Required) _____

Identification must be provided for isolates when AST only is ordered. If identification is not provided, identification testing will be performed and billed accordingly.

5. MOLECULAR, MICROSCOPY, GROWTH DETECTION AND ISOLATE IDENTIFICATION

- | | | | |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> AFB1 | Acid-fast Bacilli (AFB) Smear & Culture (clinical specimen only) NAAT on first specimen or by request for subsequent specimen. If AFB smear and NAAT are positive, MTB1 (DIRECT) and MTB4 will be performed. | <input type="checkbox"/> AFB3 | Acid-fast Bacilli (AFB) Smear & Culture (NTM) (clinical specimen only) |
| <input type="checkbox"/> AFB2 | Nucleic Acid Amplification Test (NAAT) (clinical specimen only) | <input type="checkbox"/> AFB4 | Acid-fast Bacilli (AFB) Identification |
| | | <input type="checkbox"/> AFB5 | Differentiation within <i>M. abscessus</i> group |

6. MTB COMPLEX ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST) AND MTB SPECIES IDENTIFICATION

- | | | | |
|-------------------------------|--|-------------------------------|---|
| <input type="checkbox"/> MTB1 | 10-Drug agar proportion method (INH, RIF, EMB, ETH, STR, CAP, KAN, AMK, CS, PAS) | <input type="checkbox"/> MTB4 | Molecular multidrug-resistant (MDR) TB Screen |
| <input type="checkbox"/> MTB2 | First-Line Drugs: isoniazid, rifampin, ethambutol & pyrazinamide. If resistant, a 10-drug agar proportion test (MTB1) will be performed. | <input type="checkbox"/> MTB5 | Molecular extensively drug-resistant (XDR) TB Screen |
| <input type="checkbox"/> MTB3 | Pyrazinamide MIC (individual test) | <input type="checkbox"/> MTB6 | Single-Drug MIC (circle) (INH, RIF, EMB, ETH, STR, CAP, KAN, AMK, CS, PAS, MXF, LVX, LZD, OFX, CLF, CIP, AZM, CLR, RFB) |
| | | <input type="checkbox"/> MTB7 | MTB Complex Species Identification |

7. NTM ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

Slowly Growing NTM

- NTM10 10-Drug MIC: includes rifampin/ethambutol combo (CLF, CIP, MXF, AMK, STR, RFB, LZD, CLR, RIF, EMB)
- NTM9 Rifampin/Ethambutol combo (includes RIF and EMB single drug MIC)
- NTM3 Single-Drug MIC (circle) (RIF, EMB, CIP, MXF, AMK, LZD, CLR, CLF, RFB, STR, ETH, LVX, AZM, OFX, KAN, CS)

Rapidly Growing NTM

- NTM4 15-Drug MIC: includes Clofazimine/Amikacin combo (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK)
- NTM5 Single-Drug MIC (circle) (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, AMK/CLF, GEN, CRO, FEP, CTX, MIN)
- NTM6 20-Drug MIC: includes Clofazimine/Amikacin combo (for human AND veterinary use) (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK, GEN, CRO, FEP, CTX, MIN)

8. SPECIAL INSTRUCTIONS

- Appropriate antimicrobial susceptibility testing (AST)
- Isolation of mycobacteria from contaminated or impure specimens

INTERNAL USE ONLY

Received By Date Account# MRUN Accession