

1. PATIENT INFORMATION							
Patient Name (Last, First)		<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB ___/___/_____ CF Patient Registry No.			
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY			3. REPORT DELIVERY INFORMATION				
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.			Client ID				
			Account Name				
Client ID			Address				
Account Name			City		State Zip		
Address			Phone		Secure Fax		
City		State	Zip	<input type="checkbox"/> Duplicate Report Requested Attn:			
Phone		Fax		Phone Secure Fax			
4. SPECIMEN/ISOLATE INFORMATION							
Submitted By			Phone				
Specimen Source (Required)			Isolate Submission Medium (Required)				
<input type="checkbox"/> BAL <input type="checkbox"/> CSF <input type="checkbox"/> Sputum <input type="checkbox"/> Sputum (induced) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue (specify) _____ <input type="checkbox"/> Processed specimen (specify) _____ <input type="checkbox"/> Cystic Fibrosis (CF) Patient History of <i>Pseudomonas</i> sp.? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Environmental sample: Contact laboratory before collection. <input type="checkbox"/> Veterinary sample (specify animal) _____ <input type="checkbox"/> Other (specify) _____ Swabs not recommended for recovery of AFB organisms—tissue or aspirate is desired.			Liquid				
			<input type="checkbox"/> 7H9 broth			<input type="checkbox"/> Aliquot _____ mL	
			<input type="checkbox"/> VersaTrek broth			<input type="checkbox"/> MGIT broth <input type="checkbox"/> BacT/ALERT broth	
			Solid (Plates or biplates are not accepted)			<input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> 7H10 slant			<input type="checkbox"/> 7H11 slant	
<input type="checkbox"/> Lowenstein-Jensen slant			<input type="checkbox"/> Other (specify) _____				
Submitter Identification of AFB _____			MTB complex previously ruled out? Y <input type="checkbox"/> N <input type="checkbox"/>				
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"/> AFB4 <input type="checkbox"/> AFB4R	Acid-fast Bacilli (AFB) Identification. If <i>M. abscessus</i> subspecies, <i>M. avium</i> complex or <i>M. chelonae</i> is identified, AFB6 is recommended. Check AFB4R box to authorize.				
<input type="checkbox"/> AFB2	Nucleic Acid Amplification Test (NAAT) (clinical specimen only)	<input type="checkbox"/> AFB6	NTM Drug Resistance Markers for Macrolide and Aminoglycoside (Valid for <i>M. abscessus</i> subspecies, <i>M. avium</i> complex, <i>M. chelonae</i>)				
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"/> 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"/> MTB2	First-Line Drugs: isoniazid, rifampin, ethambutol & pyrazinamide. If resistant, a 10-drug agar proportion test (MTB1) will be performed.	<input type="checkbox"/> MTB4	Molecular multidrug-resistant (MDR) TB Screen				
		<input type="checkbox"/> MTB5	Molecular extensively drug-resistant (XDR) TB Screen	<input type="checkbox"/> MTB7	MTB Complex Species Identification		
7. NTM ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)							
Slowly Growing NTM			Rapidly Growing NTM				
<input type="checkbox"/> NTM10	10-Drug MIC: includes rifampin/ethambutol combo (CLF, CIP, MXF, AMK, STR, RFB, LZD, CLR, RIF, EMB)	<input type="checkbox"/> 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)				
<input type="checkbox"/> NTM9	Rifampin/Ethambutol combo (includes RIF and EMB single drug MIC)	<input type="checkbox"/> 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)				
<input type="checkbox"/> NTM3	Single-Drug MIC (circle) (RIF, EMB, CIP, MXF, AMK, LZD, CLR, CLF, RFB, STR, ETH, LVX, AZM, OFX, KAN, CS)	<input type="checkbox"/> 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			9. COLORADO CYSTIC FIBROSIS RESEARCH AND DEVELOPMENT PROGRAM (CO CF RDP)				
<input type="checkbox"/> Appropriate NTM antimicrobial susceptibility testing (AST) will include MIC and AFB6 when appropriate.			<input type="checkbox"/> RESEARCH USE ONLY: Whole Genome Sequencing (WGS)/Biorepository complimentary for CF NTM isolates. See njhealth.org/cocfrdp. Please contact laboratory if interested in WGS for Non CF patient.				
<input type="checkbox"/> Isolation of Mycobacteria from contaminated or impure specimens							
INTERNAL USE ONLY							
Received By		Date	Account #	MRun #	Accession		