

**LATENT TUBERCULOSIS INFECTION (LBTI)  
CONFIDENTIAL CASE REPORT**

**PATIENT INFORMATION**

Patient Name (last, first, middle initial) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Sex \_\_\_\_\_ Gender \_\_\_\_\_  
 Male  Female  Transgender  
 Female to male  Male to female  Unspecified/gender non-specific

Race  Native American/Native Alaskan  Asian (specify): \_\_\_\_\_  White  Black/African American  
 Native Hawaiian/Other Pacific Islander  Other: \_\_\_\_\_  Unknown

Ethnicity  Hispanic or Latino  Non-Hispanic or Latino  Unknown

History of positive TB test (TST or IGRA) or TB disease?  Yes  No

History of treatment for TB disease or infection?  Yes  No

**DIAGNOSTIC INFORMATION**

Mantoux test (TST) \_\_\_\_\_ Results (mm): \_\_\_\_\_  Positive  
Date Placed: \_\_\_\_\_ Date Read: \_\_\_\_\_  Negative

IGRA (Quantiferon/T-SPOT) Numeric results or number of spots: \_\_\_\_\_ Interpretation: \_\_\_\_\_  
Date Collected: \_\_\_\_\_ Nil \_\_\_\_\_ TB Antigen-Nil \_\_\_\_\_  Positive  Indeterminate/borderline  
Mitogen-Nil \_\_\_\_\_  Negative  Not done

Chest Imaging (Chest X-ray or CT) \_\_\_\_\_ Results:  Abnormal  Miliary  Normal  
Date performed: \_\_\_\_\_  Cavitory  Abnormal, not consistent with active TB

Microbiologic

Date Collected	Source	AFB Smear		PCR/NAAT		Culture	
		POS	NEG	POS	NEG	POS	NEG
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV status at the time of diagnosis  
 Negative  Positive  Indeterminate  Refused  Not Offered  Unknown

**Patient Signs and Symptoms**

Date of Onset: \_\_\_\_\_  Fever, chills, and/or night sweats  Productive cough >3 weeks  
 None  Hemoptysis (coughing up blood)  Unexplained weight loss

**REASON FOR TESTING AND FOLLOWUP**

- Birth, travel, or residence** in a country with high TB prevalence.
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
  - Travel is of extended duration or including likely contact with infectious TB in a location of high TB prevalence.
  - IGRA is preferred over TST for foreign-born persons 2 years of age or older.

- Close** (high priority) **contact** to someone with infectious TB disease during lifetime.

- Recent** TB symptoms: Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, fever, chills, night sweats, unexplained weight loss, or fatigue.

- Current** or former employee or resident of a high-risk, congregate setting in a state or district with an elevated TB rate.
- Includes Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC.
  - Includes correctional facility, long-term residential care facility, or shelter for the homeless.

- Due to start immunosuppressant/immunomodulation therapy for treatment  
Therapy or treatment: \_\_\_\_\_

- Employee or volunteer or admission to:
- Health care facility     School     Day care     Other: \_\_\_\_\_

Additional Information (optional)

Name of Provider (Print)	Assessment Date
Facility Name	Phone Number - -
Street Address	City, State, Zip code

**SIGNATURE** - Provider

Date Signed