POSITIVE TB SKIN TEST (TST) / IGRA REPORTING FORM

(March 2019)

Public Health Services
www.hamilton.ca/TBResources
Phone: 905-546-2063
Fax: 905-546-4078

Hamilton

Patient's Last Name **First Name**	**Date of Birth:** (dd/mmm/yyyy)	**Gender:** ☐ M ☐ F
Address/City/Postal Code:	**Home Phone No.**	**Cell Phone No.**
Born in Canada ☐ **YES** ☐ **NO** ☐ **Indigenous**	**Country of Birth**	**Date Of Arrival:** (dd/mmm/yyyy)
Reason for Test: ☐ Routine screening (includes volunteer, school, work) ☐ Symptoms(specify): _____	☐ Medical ☐ Immigration ☐ Other (specify): _____	

Previous TST Result	***Patients with documented positive TST**	**History of BCG**
Date:_____ (dd/mmm/yyyy) Result: _____mm (induration)	• Require a symptom assessment and a physical exam • Require a chest x-ray • Additional testing (e.g. sputum for AFB and culture) as deemed necessary. Canadian TB Standards (CTS), 7th Ed: 2014	☐ Unknown ☐ No ☐ Yes Date:_____ (dd/mmm/yyyy)

First TST	**Second TST**	**IGRA (i.e. QFT)**	**Chest X-Ray**
Date Planted: _____ (dd/mmm/yyyy) Date Read: _____ (dd/mmm/yyyy) Result: ____ mm induration **(Not needed if client had previous positive TST)**	Date Planted: _____ (dd/mmm/yyyy) Date Read: _____ (dd/mmm/yyyy) Result: ____ mm induration **(Not needed if 1st TST is considered positive)**	☐ Positive ☐ Negative ☐ N/A **Fax IGRA result to PHS along with this form**	**Order if TST/IGRA is positive** Date: _____ (dd/mmm/yyyy) **Fax CXR report to PHS along with this form**

A positive TST: ≥ 10mm is considered positive for most people; ≥ 5mm may be considered positive in some situations (see the Canadian TB Standards, 7th Ed., Chapter 4, Table 2). Patients with a documented positive TST [in mm induration], do not require further TSTs.

Medical Assessment

☐ **Asymptomatic**	***Symptomatic ☐ cough ☐ fever ☐ night sweats ☐ fatigue ☐ other: _____

If your patient is symptomatic or has a chest x-ray indicating TB disease:
✓ Instruct patient to isolate at home (provide masks). ✓ Collect 3 sputum specimens at least 1 hour apart.
✓ Report immediately to PHS at 905-546-2063

**Please fill in - Risk Factors for TB Disease Progression (check all that apply)

☐ None	☐ Recent TB infection (≤ 2 years)
	☐ Abnormal CXR (fibronodular disease / granuloma)
☐ Close contact of an infectious TB case	☐ Immunosuppressive therapy (biologics) or disease
☐ HIV/AIDS	☐ Diabetes
☐ CA of head and neck	☐ Young age when infected (0-4 years)
☐ Transplantation related to immunosuppressive meds	☐ Heavy alcohol consumption (≥ 3 drinks/day)
☐ Chronic renal failure requiring hemodialysis	☐ Underweight (< 90% ideal body wt.)
☐ Silicosis	☐ Cigarette smoker (1 pack a day)

Note: The above risk factors may increase a person's risk for reactivation of latent TB infection (LTBI). Refer to The Online TST/IGRA Interpreter Tool (http://www.tstin3d.com) to assist in the assessment of likely risk of active TB disease for your patient.

Please complete and fax this form and CXR report to 905-546-4078 within 7 days

☐ TB health teaching provided (e.g. S & S and when to seek medical attention)	☐ Referred to family physician
☐ TB fact sheets provided - available at www.hamilton.ca/TBResources	☐ Prophylaxis discussed
☐ Referred to TB clinic (Phone: 905-522-1155 x34198 Fax: 905-525-5806)	☐ Prophylaxis refused

Physician Name: _____ **Address:** _____

Phone No: _____ **Fax:** _____ **Signature:** _____ **Date:** _____