Laboratory request form (one specimen per sheet)

National Reference Center for Mycobacteria
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Diagnostic mycobacteriology
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NRZ number

Patient data				**Referring institution**	
Surname				**Name**	
First name				**Address**	
Street					
Postal code / City					
Country					
Date of birth		**Sex**	☐ **m** ☐ **w**	**Phone**	
Date of shipment		**Sampling date**		**Fax**	

Clinical and diagnostic information

☐ Cystic fibrosis ☐ HIV ☐ Immunosuppression ☐ Antibiotic treatment with: ______
☐ Probable TB ☐ Probable MDR ☐ Probable NTM
☐ Known TB ☐ Known RMP resistance ☐ Known INH resistance

☐ Follow up TB ☐ TB treatment since ______ with: ______

Result of differentiation (if available): ______

Comments:

Specimen

Laboratory number of referring laboratory ______

☐ primary material ☐ liquid culture ☐ solid culture
☐ sediment* ☐ DNA* ☐ paraffin embedded material*
*primary material is preferred

Non sterile

☐ Sputum
☐ Bronchial secretion
☐ BAL
☐ Protected brush
☐ Gastric fluid
☐ Gastric lavage
☐ Skin biopsy*
☐ Urine (morning urine)
☐ Menstrual blood
☐ Stool
☐ Swab **(not suitable)**

Sterile

☐ Blood
☐ Bone marrow
☐ Liquor
☐ EBUS (biopsy)
☐ Lymph node*
☐ Tissue biopsy*
☐ Pleural fluid
☐ Pleural biopsy
☐ Pericardial fluid
☐ Pericardial biopsy
☐ Joint aspirate
☐ Aspirate
☐ Pus*
☐ Abscess aspirate*
☐ Other*
☐ Swab **(not suitable)**

*Location of biopsy: ______

Requested investigation - primary material / DNA / paraffin embedded material

☐ Culture

☐ NAT (MTBC and RMP) ☐ NAT (NTM) ☐ NAT (RMP, INH) ☐ NAT (fluoroquinolones, injectible drugs) ☐ Other: ______

Requested investigation - solid / liquid culture

☐ Identification ☐ Identification, phenotypic and genotypic DST* (if needed) ☐ First-line phenotypic and genotypic DST ☐ NTM DST
☐ Extended DST for INH resistant isolate ☐ Second-line phenotypic and genotypic DST

☐ DST for the following drugs: ______

☐ NAT (RMP, INH) ☐ NAT (fluoroquinolones, injectable drugs) ☐ Other: ______

☐ Typing and comparison of patient isolates, please specify: ______
*DST=drug susceptibility testing

Billing address	**Additional recipient**
☐ Billing address identical with sender	

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