

Latent TB Infection Reporting Form Instructions

Fill out the form clearly in blue or black ink. Make solid marks that fit inside the response boxes.

1. Complete the patient's last name, first name, phone number, address, and zip code of residence
2. Complete the patient's date of birth, gender, race, and ethnicity (self-report)
3. Check the appropriate Unique Address Condition box if the patient is incarcerated or homeless
4. Complete the patient's country of birth and, if not the US, the date of entry into the US

Diagnostic Information

5. Record date on appropriate line: TST administered or lab test (IGRA)
6. Record interpretation of results

a. TST Classification

≥ 5 mm considered positive for:

- Human immunodeficiency virus (HIV)-positive persons
- Recent contacts¹ of TB case patients
- Fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of > 15 mg/d of prednisone for 1 month or more)

≥10 mm considered positive for:

- Recent immigrant (i.e. within the past 5 years) from high prevalence countries
- Injecting drug users
- Residents and employees² of the following high-risk congregate settings: prisons and jails, nursing homes and other long term care facilities for the elderly, hospitals and other health-care facilities, residential facilities for patients with HIV/AIDS and homeless shelters
- Mycobacteria laboratory personnel
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas) other specific malignancies (e.g., carcinoma of the head, or neck and lungs), weight loss of > 10% of ideal body weight, gastrectomy, jejunioleal bypass
- Children < than 4 years of age or infants, children and adolescents exposed to adults at high-risk

≥ 15 mm considered positive for:

- Persons with no risk factors for TB

b. IGRA interpretation included with laboratory test result

Risk & Treatment information

7. Indicate known risk factors
8. Check the 'medical risks' box if listed or additional medical risks are known: chronic renal failure on hemodialysis; gastrectomy with attendant weight loss and malabsorption; jejunioleal bypass, renal and cardiac transplantation; TNF-blocking agents, injecting drug use
9. Record plan for evaluation and treatment

10. Complete the provider name, date, facility and phone number

¹Contacts are individuals who have shared air for a prolonged period of time with someone who has infectious TB disease (from hours to months depending on the circumstances).

²For persons who are otherwise at low risk and are tested at the start of employment, a reaction of ≥15 mm induration is considered positive.

Reference: ATS, CDC. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. *American Journal of Respiratory Critical Care Medicine*. 2000;161:S221-S247. Adaptation available at <http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>