**Latent Tuberculosis Infection (LTBI) Reporting Form for Civil Surgeons**

This form is only for persons that meet the following criteria:

1. Has positive IGRA test (T-Spot or QFT-GIT or QFT Plus)
2. Has Normal x-ray/CT or abnormal chest x-ray/CT not consistent with TB disease

**Do not** use this form for reporting persons who have confirmed or highly suspicious TB disease (i.e. initiation of empiric treatment). TB disease must be reported by a phone call to the local health department.

***Please fax the following items to the County Health Department where patient resides:***

* ***This form (with all fields completed);***
* ***The laboratory results of the interferon gamma release assay (IGRA); and***
* ***The chest radiology report.***

# For a list of County Health Department fax numbers, please refer to page 2 of the Notifiable Conditions Reporting poster: <https://bit.ly/2F9yWMA>

1. Patient name (last, first, middle initial)

2. Date of birth:       3. Country of birth:

3. Sex: [ ]  Male [ ]  Female 5. Phone:

6. Home address (number, street):

City:       County:       Zip code:

7. IGRA test type: [ ]  QuantiFERON [ ]  TSpot.TB Date tested (month, day, year):

* Please attach a copy of any QuantiFERON (QFT-GIT or QFT Plus) or TSpot.TB test result with this form.

8. Date of chest radiograph (month, day, year):

* Please attach a copy of the radiologist’s chest x-ray report with this form.

9. Additional Comments: