Amplified Mycobacterium Tuberculosis Direct (MTD) Test Requisition

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Submitter Information:

Authorized Submitter's Name: _____

Phone Number: _____ Fax: _____

Patient Information:

Name: _____

Patient/Specimen ID#: _____ Date of Birth: _____

Specimen Type/Source:

☐ Sputum ☐ Bronchial Lavage ☐ Bronchial Wash

☐ Bronchial Brush ☐ Bronchial Aspirate ☐ Tracheal Aspirate

Date Collected: _____

Respiratory specimens received for routine mycobacterial culture found to be **ADIC-FAST BACILLI (AFB) SMEAR NEGATIVE will have MTD testing performed ONLY ON REQUEST** by the submitter or other authorized provider.

1. **Contact the CTDPH TB Control Program** at 860-509-7722 for information concerning the suitability of testing.
2. Complete this form, along with the Clinical Test Requisition, when submitting the specimen for routing mycobacterial culture.
3. MTD testing will automatically be performed on the first AFB smear positive respiratory specimen received for each patient as part of routine mycobacterial culture testing.

Submission Requirements
• Testing should **not** be ordered routinely when clinical suspicion is low, because the positive predictive value of the test (the likelihood that the patient has tuberculosis when the test is positive) is <50% for such cases. • Testing is **not** indicated for use in determining bacteriologic cure or to monitor response to antituberculous therapy. • The MTD test is only approved for use on specimens **from patients who have received <7 days of antituberculous therapy within the last year**. • Test requests received later than 3 calendar days after receipt of the specimen in the laboratory will not be accepted.