



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
 123 Chalan Kareta, Mangilao, Guam 96913 -6304



Guam Public Health Laboratory Request/Submission Form for TB Smear Microscopy and Xpert MTB/RIF Assay

Date Requested _____

**Complete one (1) form for
each specimen submitted.**

Patient Information

Name _____ Medical Record No. _____

Age _____ Date of Birth _____ Sex: M ☐ F ☐

Complete address _____ Phone No.1 _____

_____ Phone No.2 _____

Physician Information

Name of Physician _____ Clinic _____

Complete address _____ Phone No. _____

_____ Fax No. _____

General Treatment Information

Reason for Examination Diagnosis ☐ Follow-up: Weekly ☐ Monthly ☐ _____ (indicate month)

TB Suspicion (diagnosis only) High ☐ Low ☐

Specimen Collection and Transport Details

Date of Collection _____ Time of Collection _____ Collected by _____

Specimen Type Sputum ☐ Gastric Lavage ☐ Other ☐ (specify) _____

Number in series (circle the number) Specimen [1] [2] [3]

Date of Transport _____ Time of Transport _____ Transport by _____

Date of Receipt at GPHL _____ Time of Receipt at GPHL _____ Received by _____

RESULTS (to be completed by GPHL)

Accession No.	Date Received	Spec Type ¹	Date of Collection	Date of Exam	Volume of Specimen	Visual Appearance ²	AFB Smear Result ³	Xpert MTB/RIF Result
								MTB DNA: _____ RIFAMPIN RESISTANCE: _____

1 S = Sputum O = Other

2 M = Mucoid B = Blood-stained S = Salivary P = Purulent MP = Mucopurulent

3 Grading system for AFB smear result

Neg	No AFB seen in at least 100 fields	Actual AFB #	1 – 9 AFB per 100 fields
1+	10 – 99 AFB per 100 fields	2+	1 – 10 AFB per field in at least 50 fields
3+	>10 AFB in at least 20 fields		

Comments _____

Date _____ Examined by (Signature) _____