

New Jersey Department of Health  
**Public Health & Environmental Laboratories**  
 P. O. Box 361, Trenton, NJ 08625-0361

**MYCOBACTERIOLOGY TESTING**

Name (Last)		(First)		(MI)		Patient ID	
Street Address		City		State		Zip Code	
Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB ___ / ___ / ___		Clinical History (must check one) <input type="checkbox"/> Diagnostic Specimen (no prior diagnosis of TB) <input type="checkbox"/> Follow-up Specimen		Date/Time Received	
Collection Date: ___ / ___ / ___ Collection Time: ___ : ___ AM <input type="checkbox"/> PM <input type="checkbox"/>		Indicate if patient has any previous results for:					
Specimen Source <input type="checkbox"/> Sputum <input type="checkbox"/> Pleural <input type="checkbox"/> CSF <input type="checkbox"/> Bronchial <input type="checkbox"/> Gastric <input type="checkbox"/> Tissue <input type="checkbox"/> Other: _____		AFB Smear MTB NAAT Culture		Positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Negative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Code No. Clinic Information		Is patient currently on anti-mycobacterial therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date initiated: ___ / ___ / ___		Lab ID:			

BACT-68 JUL 18 **MTB NAAT (Cepheid GeneXpert MTB/RIF Assay) will be performed on all sputum specimens that are AFB smear positive for the first time. Please call 609-671-6428 between the hours of 9am and 3pm to request NAAT testing on additional specimens.**