

NIRT:- Phone:- 044-2836-9620/9643
DTC(Chennai) :- Phone:044-26673037

E-mail:nirtgenexpert@gmail.com
E-Mail: dtotncni@rntcp.org

**NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS
CHETPET, CHENNAI – 600 031**

Request form for GeneXpert
Accelerating Access to TB Diagnosis for Presumptive Pediatric Cases

Patient Details

Name	:	Age:	Sex:				
Address	:						
Mobile No	:						
Referring Health Facility Details:							
Name of Facility	:						
Name of the physician	:						
Address	:						
Mobile No & E-mail	:						
Specimen Collection details:							
Date of Collection:		Time of Collection:					
Type of Specimen (Please tick):							
Sputum:	<input type="checkbox"/>	Induced Sputum:	<input type="checkbox"/>	Gastric Lavage:	<input type="checkbox"/>	CSF:	<input type="checkbox"/>
BAL:	<input type="checkbox"/>	Stool:	<input type="checkbox"/>	Pleural Fluid:	<input type="checkbox"/>	Biopsies:	<input type="checkbox"/>
Pus:	<input type="checkbox"/>	Others:					
Nature of Specimen:							
Note: Tissues to be transported in 1ml of sterile normal saline; Formalin to be avoided							
History							
Provisional Diagnosis:							
Previous history of ATT:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>			
Contact History:	TB	<input type="checkbox"/>	MDR-TB:	<input type="checkbox"/>			

Results [For NIRT Official Use]

Date of Receipt of Specimen:	NIRT Lab No:
Smear Result:	Date of Dispatch of Result:
XPERT Result:	
Remarks	



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Acknowledgement copy for specimen Receipt (To be filled in by NIRT Staff):

Date:

NIRT Lab No:

Name:

Age/Sex:

Referral Hospital: