

TB Gold Testing

Please complete this form and return with the patient TB Gold sample to Monument Health – Rapid City Hospital Lab.

DATE OF COLLECTION	TIME OF COLLECTION	FULL NAME (PRINT)			DATE OF BIRTH	AGE
HOME ADDRESS			CITY	STATE	ZIP CODE	
HOME PHONE		WORK PHONE		CELL PHONE		
EMPLOYER		EMPLOYER TELEPHONE		OCCUPATION		
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian			ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
FOREIGN BORN <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, country of birth: _____ Date of entry into US: _____ <small>(Required if foreign-born)</small>						
CLINIC NAME			TELEPHONE		MEDICAID ELIGIBLE: <input type="checkbox"/> No <input type="checkbox"/> Yes	
PROVIDER			FAX		If yes, MEDICAID #	

Reportable Latent TB Risk Factors: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Foreign-born persons who entered the US within the last 5 years | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Persons evaluated for tumor necrosis factor-alpha therapy | <input type="checkbox"/> Renal dialysis |
| <input type="checkbox"/> Immunosuppressive therapies (i.e. high dose or long-term steroids) | <input type="checkbox"/> Silicosis |
| <input type="checkbox"/> Radiographic evidence of prior TB | <input type="checkbox"/> Organ transplant |
| <input type="checkbox"/> Patients less than 5 years of age | <input type="checkbox"/> Head and neck cancers |
| <input type="checkbox"/> HIV infection | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Close contact (Defined as confirmed exposure in the last 12 months) | <input type="checkbox"/> Hodgkin's disease |

005922-20200124

Intranet: Forms/Lab/Pathology

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