

# Latent TB Infection (LTBI) Request Information Worksheet

## Form Instructions

This is a tool intended only to assist providers and public health in gathering patient information only. To complete your request for LTBI medication, this data must still be entered into RedCap on-line survey linked from the [MDH TB Medications Program page \(https://www.health.state.mn.us/diseases/tb/meds\)](https://www.health.state.mn.us/diseases/tb/meds). **DO NOT UPLOAD this document.**

For questions on screening and treatment, refer to the [CDC's LTBI treatment guidance \(https://www.cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf\)](https://www.cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf) by searching Latent Tuberculosis Infection: A Guide for Primary Health Care Providers or call the MDH TB Medications Coordinator at 651-201-5506.

## Patient Information

Patient last name:

Patient phone:

Patient first name:

M.I.:

Date of birth (MM/DD/YYYY):

Patient street address:

Apt/unit #:

City/town:

State:

Zip code:

What was the reason they were screened for TB/LTBI?

Non-US born from high prevalence area

Current or previous resident of a correctional, nursing, or drug treatment facility (circle which)

Abnormal CXR or chest CT indicating stable, inactive TB

Recent contact to a known infectious/active TB case

Medical condition (e.g. HIV, organ transplant, substance abuse, immunosuppressive, diabetes). Specify:

Previous or currently experiencing homelessness

Migrant worker

Employment screening

Other - specify:

## Patient Medical History

Drug allergies:

Chronic medical condition(s):

Current Rx and/or OTC drugs:

## Screening Results

You'll be asked to manually enter, cut, paste, or upload this info into RedCap. Do not include drug dose, frequency, or route.

**TST and/or IGRA (QuantIFERON or T-Spot)**

Date:

Results:

**CXR and/or CT scan**

Date:

Results:

Did the patient start Tx already with medication from another source? If yes, date:

## Prescription

You'll be asked to send an e-script to the MDH contracted pharmacy. If you are making a referral to county public health to perform monitoring services, you must also fax a copy to your contact at that location. This serves as their orders to administer medication; thus, it is a very important step.

If you are unable to provide an e-script to the MDH contracted pharmacy, please see additional guidance within the RedCap survey to submit the prescription.

Refer to TB Medications Program page to link to CDC provider guidance for treatment regimens.

## Patient Medical History

You'll have the option of electronically uploading this info and/or photos of insurance cards.

**Patient ID number:**

**Patient phone number:**

**Insurance carrier:**

**Rx group:**

**Rx bin:**

**Policy holder:**

Self (patient)

**Rx PCN:**

Dependent of and relation to:

## Provider Information

**Provider name:**

**Clinic name:**

**Clinic address:**

**Contact information:**

## Shipping Information

**Shipping contact name:**

**Shipping contact phone:**

**Shipping contact fax number:**

**Shipping facility name and address:**

RedCap contains an extensive list of clinics and MN county PH locations. Type in a key word to make your selection. If you are unable to find a location, type in "other", click to open fields, then enter the info. NOTE: "Tuberculosis Nurse" is the pre-set contact person for all PH county facilities.