

LTBI Medication Start Date Verification Form

ACTION NEEDED: PLEASE RESPOND

To receive monthly medication refills

1. Complete the box below to confirm your patient has started medication supplied by the MDH TB medications program.
2. Fax to 1-800-296-0993.

LTBI medication start date verification

Patient information:

Last name:

First name, middle name:

Date of birth:

Began taking LTBI medication supplied by the MN Department of Health on (do not postdate):

AND already initiated LTBI regimen with medication from another source on:

Never started treatment

Completed by:

Name:

Telephone Number:

Agency:

Direct questions to:

TB Medications Coordinator

Minnesota Dept. of Health

651-201-5506

Shipping schedule (based upon provided start date)

Second month of medication – shipped **21 days** from start date.

Additional bottles – shipped every **28 days** until order is complete.

Please notify MDH ASAP of treatment interruptions such as:

Patient is experiencing side-effects, has moved, or is lost/non-responsive or non-adherent to the regimen. Shipments can be held and/or discontinued.

Recommendations for pretreatment screening and monitoring during therapy, and the MDH LTBI monitoring flowsheet are available at www.health.state.mn.us/tb.

Minnesota Department of Health
STD/HIV/TB Section
www.health.state.mn.us/tb

2/19/21

To obtain this information in a different format, call: 651-201-5414