

MYCOBACTERIOLOGY LABORATORY FORM COHORTS A AND B

Participant ID: - -

Visit Date: - -
 D D M O N Y Y Y Y

Visit Type:

COHORT A: ☐ B/L ☐ M1 ☐ M2 ☐ M3 ☐ M6* ☐ End of TX ☐ TX F/R/W ☐ Unscheduled

COHORT B: ☐ B/L ☐ TB Activation Eval ☐ Unscheduled

**M6 visit is for MDR/XDR participants only and should not be used as an end of treatment visit*

Instructions: Complete one form for each sputum specimen processed.

A. MYCOBACTERIOLOGY SPECIMEN COLLECTION ☐ Not done (End of form)

1. Specimen source:

<input type="checkbox"/> Sputum	<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> Pericardial fluid	<input type="checkbox"/> Peritoneal fluid
<input type="checkbox"/> CSF	<input type="checkbox"/> Bone marrow aspirate	<input type="checkbox"/> Abscess aspirate	<input type="checkbox"/> Joint fluid aspirate
<input type="checkbox"/> Blood	<input type="checkbox"/> Lymph node aspirate, specify site _____	<input type="checkbox"/> Other, specify _____	

2. Specimen number: ☐ 1 ☐ 2 ☐ Pooled Specimen ☐ N/A

3. Lab accession number:

B. AFB SMEAR ☐ Not done (Go to Section C)

1. Date of AFB Smear: - -
 D D M O N Y Y Y Y

2. Smear preparation: ☐ Concentrated ☐ Unconcentrated

3. Smear method: ☐ Routine AFB (e.g., Ziehl-Neelsen, Kinyoun) ☐ Fluorescence

4. AFB Smear results: ☐ Positive ☐ Negative (**Go to Section C**)

5. Quantification: ☐ Scanty ☐ 1+ (rare) ☐ 2+ (few) ☐ 3+ (many) ☐ Not Done

Visit Date: - -

☐ Not done (*Go to Section D*)

2. Date of final solid culture determination: - -
D D M O N Y Y Y Y

☐ Negative for *Mycobacterium Tuberculosis* complex

☐ Positive for *Mycobacterium Tuberculosis* complex

☐ Positive for non-tuberculosis mycobacteria (NTM)

☐ Contaminated -->

3a. Please confirm whether a reprocessing was done: ☐ No ☐ Yes

3b. If Yes, provide the re-processing date: - -

D D M M N Y Y Y Y

3c. If No, please select the reason re-processing was not done

☐ Procedure not part of local SOP ☐ Lab error ☐ Other, specify: _____

Instructions: If re-processing was done, complete another F3 form to capture results of processed specimen.

4. If solid culture is positive for *Mycobacterium Tuberculosis*, provide colony count:

 < 10 colonies; specify colony count:

☐ 10 – 100 (1+) ☐ 101 – 200 (2+) ☐ >200 (3+) ☐ Not Done

☐ Not done (*Go to Section E*)

1. Date liquid media inoculated: --
D D M O N Y Y Y Y

2. Date of final liquid culture determination: - -
D D M O N Y Y Y Y

3. Liquid culture results (**Check all that apply**):

☐ Negative for *Mycobacterium Tuberculosis* complex

☐ Positive for *Mycobacterium Tuberculosis* complex

☐ Positive for non-tuberculosis mycobacteria (NTM)

☐ Contaminated -->

3a. Please confirm whether a reprocessing was done: ☐ No ☐ Yes

3b. If Yes, provide the re-processing date: - -

D D M M N Y Y Y Y

3c. If No, please select the reason re-processing was not done

☐ Procedure not part of local SOP ☐ Lab error ☐ Other, specify: _____

Instructions: If re-processing was done, complete another F3 form to capture results of processed specimen.

4. Report machine generated time to detection (TTD), if positive for MTB: Days Hours

Visit Date: --

☐ Not done

F. MTB ISOLATE STORAGE

☐ Not done

- [illegible]