Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / *À l'écoute de notre santé*

Tuberculin (Tubersol®) Request Form

Long Term Care Program

Site:	Request Date:
Resident Name:	Date of Birth:
PHIN:	Age:

Nurse or Prescriber to complete:

	Indication for Tuberculin Skin Test (TST). Mark all that apply with an X:	Age indication applies to:
☐	Close contact of an active case of pulmonary TB	Any Age
☐	AIDS	
☐	HIV and discussed with HIV physician	
☐	Transplant recipient on immune-suppressant and discussed with transplant physician	
☐	Chronic renal failure requiring hemodialysis and discussed with nephrologist	
☐	Silicosis	
☐	Recent TB infection (within last 2 years)	
☐	Carcinoma of the head and neck and discussed with oncologist	
☐	Abnormal chest x-ray showing fibronodular disease	
☐	Tumor necrosis factor alpha inhibitors	50-65 Years
☐	Diabetes mellitus	
☐	Young age when infected (0-4 years)	
☐	Glucocorticoids (greater than or equal to 15mg/day prednisone)	
☐	Heavy alcohol consumption (3 or more drinks per day)	Up to 50 years of age
☐	Underweight	
☐	Cigarette smoker (greater than or equal to 1 pack per day)	
☐	Abnormal CXR showing granuloma	

Prescriber to complete (mark applicable response(s) with an X):

☐	There **is intent** to provide LTBI treatment if TST results are significant
☐	There is reason to believe the resident **can** tolerate LTBI treatment (e.g., no concerns of hepatotoxicity etc.)
☐	There is **NO intent** to provide LTBI treatment if TST results are significant. Specify reason for TST request:_____
☐	There is reason to believe the resident **CANNOT tolerate** LTBI treatment.

Nurse Name (please print):	Prescriber Name (please print):
Signature:	Signature:

*Fax the WRHA LTC Program **204-940-8610** attention: Pharmacy Manager and LTC Program contact for IP&C*

LTC PROGRAM USE ONLY	
Approved: Yes No Comments:	
LTC Program Approved by:	Signature:
Date of Approval:	Date pharmacy notified: