



Mycobacterium tuberculosis complex
Nucleic Acid Amplification (NAA) Test Requisition

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For each clinical respiratory specimen where NAA testing is requested, complete this form, along with a Clinical Test Requisition, when submitting the specimen to the laboratory. Routine mycobacteria smear & culture will also be performed.

NAA testing will automatically be done on the first patient specimen submitted for routine mycobacteria smear & culture found to be **Acid-fast Bacilli (AFB) smear positive** by the CTDPH laboratory (the *M. tuberculosis* complex NAA Test Requisition is not required).

NAA Testing should **NOT** be ordered:

- When clinical suspicion is low (the positive predictive value of the test, the likelihood that the patient has tuberculosis when the test is positive, is low in such cases).
- To determine bacteriologic cure or to monitor response to antituberculous therapy

CTDPH TB Laboratory (860-509-8573) / CTDPH TB Control Program (860-509-7722)

Submission Requirements

- Clinical respiratory specimens (raw unprocessed): sputum, BAL, bronchial wash.
- Patient did not receive antituberculosis therapy, or received less than 3 days of therapy at the time of specimen collection.
- Specimens must be received by the laboratory within 10 days of collection.
- Test requests must be received within 7 calendar days of specimen receipt in the laboratory.

Submitter Information

Authorized Submitter's Name: _____

Phone : _____ Fax: _____

Patient Information

Name: _____

Patient /Specimen ID #: _____ Date of Birth: _____

Specimen Information

Type / Source: Sputum Bronchoalveolar Lavage (BAL) Bronchial Wash

Date Collected: _____ Other Information _____