

ASK FOR ADVICE

Call 403-944-1110 and ask to page the TB physician on call 14516

REFER TO OUTPATIENT CLINIC

- Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral.
- Select referral locations
- See [QuRE Referral Consult Checklists](http://www.ahs.ca/QuRE) (www.ahs.ca/QuRE) for high-quality referral.
- Provide all required information and specific tests/investigations

REFERRAL PROCESS: Submit Netcare eReferral Consult Request (available in early 2019 - www.albertanetcare.ca/ereferral.htm) or fax completed provincial TB referral form to CTS.

Calgary Tuberculosis Services (CTS) **PH: (403) 944-7660**
#106-2675 36th Street NE, Calgary, Alberta T2N 2T9 **FX: (403) 291-9185**

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	EXTRA INFO (if available)	ACCESS TARGET
ACTIVE TUBERCULOSIS DISEASE (TB)	Refer to Calgary Tuberculosis Services urgently Note: <ul style="list-style-type: none"> • Please call CTS during business hours (Phone: 403-944-7660) and ask to speak to triage nurse or page TB physician on call after hours to request urgent referral. 	<ul style="list-style-type: none"> • Unstable living situation or children under the age of 5 residing in pulmonary? • Indicate if patient has any medical conditions listed below: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Chronic corticosteroid use ○ End stage renal disease (Is the patient dialysis dependent?) ○ Head/Neck cancer ○ Organ transplantation ○ Diabetes (Is the patient insulin dependent?) ○ Silicosis ○ Chemotherapy ○ Other immunosuppressive condition (specify) • Indicate if patient has any symptoms: <ul style="list-style-type: none"> ○ Cough (Is there sputum?) ○ Night sweats (duration) ○ Haemoptysis (duration) ○ Weight loss (in kg) ○ Fever (duration) 	Attach if available: <ul style="list-style-type: none"> • Recent consult note • Chest radiography result 	72 hours

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	EXTRA INFO (if available)	ACCESS TARGET
LATENT TUBERCULOSIS INFECTION	Refer to Calgary Tuberculosis Services	<ul style="list-style-type: none"> • Diagnosis of latent tuberculosis infection (tuberculin skin test result, interferon gamma release assay result) • Chest radiograph result completed within the last three months • Indicate if patient has any medical conditions listed below: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Chronic corticosteroid use ○ End stage renal disease (Is the patient dialysis dependent?) ○ Head/Neck cancer ○ Organ transplantation ○ Diabetes (Is the patient insulin dependent?) ○ Silicosis ○ Chemotherapy ○ Other immunosuppressive condition (specify) • Indicate if patient has any symptoms: <ul style="list-style-type: none"> ○ Cough (Is there sputum?) ○ Night sweats (duration) ○ Haemoptysis (duration) ○ Weight loss (in kg) ○ Fever (duration) 	Attach if available: <ul style="list-style-type: none"> • Recent consult note 	30-90 calendar days depending on risk assessment
SPUTUM INDUCTION TESTING	Refer to Calgary Tuberculosis Services Note: <ul style="list-style-type: none"> • Urgent requests must be approved by paging the TB physician on call. • Non-urgent requests require completed induced sputum requisition and approval by CTS. 	<ul style="list-style-type: none"> • Copy of completed induced sputum requisition • Copy of completed mycobacteriology and micro-bacteriology requisition forms • Chest radiograph result completed within the last three months 		1-30 days depending on risk assessment