

## 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:** Fax completed provincial TB referral form to CTS.

**Calgary Tuberculosis Services (CTS)**                      **PH: (403) 944-7660**  
**#106-2675 36<sup>th</sup> Street NE, Calgary, Alberta T1Y 6H6**                      **FX: (403) 291-9185**

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

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