### 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 (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](http://www.albertanetcare.ca/ereferral.htm)) or fax completed provincial TB referral form to CTS.

**Calgary Tuberculosis Services (CTS)**

PH: (403) 944-7660

FX: (403) 291-9185

### REASON FOR REFERRAL

<table>
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<tr>
<th>PROCESS</th>
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<th>EXTRA INFO (if available)</th>
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| ACTIVE TUBERCULOSIS DISEASE (TB) | Refer to Calgary Tuberculosis Services **urgently**
Note: 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. | - Unstable living situation or children under the age of 5 residing in pulmonary?
- Indicate if patient has any medical conditions listed below:
  - 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:
  - Cough (Is there sputum?)
  - Night sweats (duration)
  - Haemoptysis (duration)
  - Weight loss (in kg)
  - Fever (duration) | Attach if available:
  - Recent consult note
  - Chest radiography result | 72 hours |

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| LATENT TUBERCULOSIS INFECTION | Refer to Calgary Tuberculosis Services | • 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:  
  o HIV/AIDS  
  o Chronic corticosteroid use  
  o End stage renal disease (Is the patient dialysis dependent?)  
  o Head/Neck cancer  
  o Organ transplantation  
  o Diabetes (Is the patient insulin dependent?)  
  o Silicosis  
  o Chemotherapy  
  o Other immunosuppressive condition (specify)  
• Indicate if patient has any symptoms:  
  o Cough (Is there sputum?)  
  o Night sweats (duration)  
  o Haemoptysis (duration)  
  o Weight loss (in kg)  
  o Fever (duration) | Attach if available:  
• Recent consult note | 30-90 calendar days depending on risk assessment |
| SPUTUM INDUCTION TESTING | Refer to Calgary Tuberculosis Services | • Copy of completed induced sputum requisition  
• Copy of completed mycobacteriology and microbiology requisition forms  
• Chest radiograph result completed within the last three months | | 1-30 days depending on risk assessment |

**Note:**  
• Urgent requests must be approved by paging the TB physician on call.  
• Non-urgent requests require completed induced sputum requisition and approval by CTS.