

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Referred Sputum Induction Request

For more information on criteria and where to send the referral visit: www.albertareferraldirectory.ca

Priority of Referral

- Emergent *(schedule within 24-72 hours)*
- Page TB physician **pager 14516** for pre-approval.
Approving On Call TB physician *(name)* _____
 - STAT processing approved by TB physician
- Urgent *(schedule within 2 weeks)*
- Semi-Urgent *(schedule within 30 days)*
- Routine *(schedule within 1-3 months)*

Relevant Respiratory History

- On home oxygen. Current prescription _____ Litres by nasal prong
Instruct patient to bring portable oxygen adequate for 3 hours to the sputum induction.
- Obstructive Lung Disease/Asthma/Reactive Airway Disease
Instruct patient to bring short-acting bronchodilator to the sputum induction.
- No bronchodilator ordered

Requested Tests

- AFB smear and culture *(complete and attach Provincial Laboratory Bacteriology Form #20691)*
of sputum collections requested 1 2 3
- Gene Xpert for mycobacterium tuberculosis *(available after review with TB physician)*
- Bacteria *(complete and attach Calgary Laboratory Services Microbiology Form REQ9021M1)*
- Fungi *(complete Calgary Laboratory Services Microbiology Form REQ9021M1)*

Additional Information *(i.e. exposure screening, date of follow up appointment, family support)*

- Requires attendant or family member to accompany *(to support physical or cognitive impairment)*

Requesting Provider

Name <i>(last, first)</i>	Signature	Date <i>(dd-Mon-yyyy)</i>