SUSCEPTIBILITY TESTING OF BEDAQUILINE, CLOFAZIMINE AND LEVOFLOXACIN FOR MYCOBACTERIUM TUBERCULOSIS ISOLATES

National Reference Centre for Mycobacteriology
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6038 / (204) 789-2036

SENDER INFORMATION

LAB SUPERVISOR NAME:

LAB NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

SPECIMEN INFORMATION

SPECIMEN REF #:

DATE SUBMITTED (YYYY-MM-DD):

SPECIMEN PREVIOUSLY SUBMITTED   ◯ YES   ◯ NO

IF YES, PREVIOUS NRCM SPECIMEN #:

DATE OF BIRTH (YEAR ONLY):

SEX   ◯ M   ◯ F

CLINICAL HISTORY:

TB Treatment History: ◯ YES   ◯ NO
If YES, year:

TRAVEL HISTORY:

SOURCE OF SPECIMEN:

SPECIMEN INFORMATION

DATE OF SUBCULTURE (YYYY-MM-DD):

MICROSCOPY/ AFB SMEAR RESULT:

Media Submitted

GeneXpert: ☐ RIF S   ☐ RIF R

Identification (if possible):

ID RESULT:

METHOD USED:

ANTIMICROBIALS REQUESTED*

Check applicable test:

☐ Bedaquiline

☐ Clofazimine

☐ Levofloxacin

These antimicrobials are non-standard and require an appropriate justification prior to testing

JUSTIFICATION AND COMMENTS*

ADDITIONAL TESTING REQUESTED

☐ Whole Genome Sequencing

SUBMITTER'S SUSCEPTIBILITY RESULTS*

AST Previously Performed: ◯ YES   ◯ NO

If YES, Method Used: ☐ MGIT   ☐ Other
SPECIFY:

1st Line Antimicrobials	Susceptible	Resistant
Isoniazid	◯	◯
Rifampin	◯	◯
Ethambutol	◯	◯
Pyrazinamide	◯	◯

2nd Line Antimicrobials	Susceptible	Resistant
Amikacin	◯	◯
Capreomycin	◯	◯
Ethionamide	◯	◯
Kanamycin	◯	◯
Linezolid	◯	◯
Moxifloxacin	◯	◯
Ofloxacin	◯	◯
PAS	◯	◯
Rifabutin	◯	◯
Streptomycin	◯	◯

SUPERVISOR SIGNATURE:

Please note that requisitions incompletely filled will be returned to sender for completion.

If additional testing is required, please include our standard NRCM requisition indicating which tests are requested.

*INDICATES REQUIRED INFORMATION

May 2023