TORONTO

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Medical Officer of Health

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Reply: Toronto Public Health
277 Victoria Street, 10th Floor, Unit T
Toronto, Ontario M5B 1W2
Tel: 416-392-7457
Fax: 416-338-8149

TPH Client ID #:_____

TB Drug Order, Positive Skin Test and IGRA Reporting Form

☐ **Ordering TB Drugs** ☐ **Reporting Positive Skin Test** ☐ **Reporting IGRA Test Results**

Client: _____ (Last Name) , _____ (First Name) ☐ **Male** ☐ **Female**

Tel. #: ( ) _____ **OHIP #:** _____ **DOB:** yy / mm / dd

Address: _____ **City:** _____ **Postal Code:** _____

Country of Birth: **Language Spoken:**

For Initial Drug Orders:

1. **All fields must be completed or your order will NOT be processed.**
2. **Attach a copy of the chest x-ray report done within the last 3 months to rule out active disease.**
3. **Fax the completed form AND a copy of the chest x-ray report to: 416-338-8149**

Reason for Test:			
☐ Active TB ☐ Contact ☐ Routine/Screening ☐ Immigration ☐ HIV Positive	**TST**	Date: yy / mm / dd	Result: mm induration
	CXR*	Date: yy / mm / dd	Result: *please attach copy of report
	HIV (if available)	Date: yy / mm / dd	Result:
	IGRA (if available)	Date: yy / mm / dd	Result:

Was treatment initiated? ☐ Yes – Planned Length of Treatment ☐ 4 ☐ 6 ☐ 9 ☐ 12 months
☐ No – Reason:

Comments:

TPH supplies 3 months of medication per order.

No.	Description	Prescription	Strength Available	Quantity per Bottle	Number of Bottles
1.	Isoniazid Tablet (or Syrup)	**Standard dosage:** ☐ 300 mg oral daily **Other dosage:** ☐ _____ mg oral ☐	300 mg	100	
			100 mg	100	
			50 mg/5ml (Syrup)	500 ml	
2.	Pyridoxine Hydrochloride (B6) Tablet	**Standard dosage:** ☐ 25 mg oral daily **Other dosage:** ☐ _____ mg oral ☐	25 mg	100	
3.	Rifampin Capsule	**Standard dosage:** ☐ 600 mg oral daily **Other dosage:** ☐ _____ mg oral ☐	300 mg	100	
			150 mg	100	
4.	Pyrazinamide Tablet	**Weight based dosage** **Adult** 20-25 mg/kg daily **Child** 30-40 mg/kg (max. 2 g) daily ☐ _____ mg oral ☐	500 mg	120	
5.	Ethambutol Hydrochloride Tablet	**Weight based dosage** **Adult** 15-20 mg/kg daily **Child** 15-25 mg/kg (max.1600 g) daily ☐ _____ mg oral ☐	400 mg	100	
			100 mg	100	

Clinician Name: _____ Signature: _____ Billing No.: _____
Address: _____ Postal Code: _____ Tel. No.: _____
City: _____ Date: _____ Fax No.: _____

For TPH Use Only:

Date Ordered: _____ Conf.#: _____ Initial: _____
Date Ordered: _____ Conf.#: _____ Initial: _____
Date Ordered: _____ Conf.#: _____ Initial: _____
Date Ordered: _____ Conf.#: _____ Initial: _____

Personal information on this form is collected under the authority of the Health Protection and Promotion Act [H.P.P.A] and the reports regulation of the H.P.P.A. The information will be used by the Medical Officer of Health (M.O.H.) to take appropriate actions to control and prevent the spread of tuberculosis. Questions about this information may be directed to a Toronto Public Health TB Program Manager at 416-392-7457.

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