TORONTO

Dr. Elizabeth Rea
Associate Medical Officer of Health

Dr. Eileen de Villa
Medical Officer of Health

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

TPH Client ID #: _____

Notification of Latent TB Infection and Medication Order Form

☐ Ordering TB Medication ☐ 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 3 months to rule our active disease.
3. Fax the completed form **AND** a copy of the chest x-ray report to: 416-338-8149.

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

Was treatment initiated? Yes – Planned Length of Treatment ☐ 4 ☐ 6 ☐ 9 ☐ 12 Months

No – Reason: ☐ LTBI diagnosis, treatment declined, counselled on signs and symptoms of active TB disease ☐ LTBI diagnosis, treatment not recommended, counselled on signs and symptoms of active TB disease

Comments: _____

No.	Description	Prescription	Strength Available	Quantity per Bottle
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

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 by telephone at 416-392-7457.

Revised Dec. 2019