

TUBERCULOSIS CONTROL PROGRAM
Phone: 1-833-796-8773 Fax: 1-505-827-0163



☐ Referral for LTBI ☐ Reporting LTBI Surveillance

TO REPORT ACTIVE TB/SUSPECT TB- CALL 1-833-796-8773

Please provide documentation listed below

Date Referred: _____ Client Name: _____

Provider Name: _____ Provider Phone Number: _____

Records to Include for referrals: (* for reporting only)

- | | |
|---|--|
| <input type="checkbox"/> Patient demographic information form* | <input type="checkbox"/> Clinic documentation/risk assessment of TB |
| <input type="checkbox"/> Test Results: Copy of IGRA or TST* | <input type="checkbox"/> Documentation of most recent clinic note |
| <input type="checkbox"/> Radiology: Chest X-Ray report *
(within 3 months of referral) | <input type="checkbox"/> Additional laboratory findings: CBC/CMP, AFB smear/PCR/culture results; other lab results |

Select criteria for increased risk of progression of LTBI to TB disease **(please check all that apply)**

- ☐ Known recent exposure in the last 2 years
- ☐ All children and adolescent (Children under 5 are the highest priority)
- ☐ Pregnancy
- ☐ HIV infected individuals with positive TB test (TST or IGRA)
- ☐ Persons with a history of untreated or inadequately treated TB disease, including those with fibrotic changes on chest radiography consistent with prior TB disease
- ☐ Potential recipients of organ transplants/Individuals being evaluated as Organ Donors
- ☐ Recent immigrants (within last 5 years) with positive IGRA, abnormal chest x-ray, **and** immune-compromising medical conditions that present a higher risk for accelerated progression to TB disease
- ☐ Persons experiencing housing insecurity
- ☐ Persons with LTBI and complex co-morbidities (determined by TB program staff review)

The New Mexico TB Risk Assessment Tool can be found at:
<https://www.nmhealth.org/publication/view/form/9309/>