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)

☐Patient demographic information form*

☐Test Results: Copy of IGRA or TST*

☐Radiology: Chest X-Ray report * (within 3 months of referral)

☐Clinic documentation/risk assessment of TB

☐Documentation of most recent clinic note

☐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/