

## Molecular Detection of Drug Resistance Request Form

**Laboratory Branch / Division of TB Elimination/ CDC**

1600 Clifton Road, Atlanta, GA 30329

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**Instructions:** Please provide the following information and submit the completed form via email to [TBLab@cdc.gov](mailto:TBLab@cdc.gov) or fax at 404-639-5491. An email notification will be provided upon approval with further instructions.

### Section 1. Laboratory Contact Information

Date of Request:

Submitting Laboratory:

Contact Name:

Phone Number:

Fax Number:

E-mail Address:

### Section 2. Sample Type/Specimen Identifier

Patient or Sample ID:

Specimen Collection Date (Required):

Sample Type (Select One):

- ☐ MTBC Isolate; Specify medium:  
☐ NAAT+ (for MTBC) sediment; Specify specimen source:  
AFB smear result: Ct value (e.g., Xpert):

### Section 3. Submission Criteria (check all that apply)

- ☐ Known MDR; Test method: If known, list mutations detected:  
☐ Known RIF resistant; Test method: If known, list mutations detected:  
☐ Contact to known MDR ☐ Previously Treated for TB  
☐ From a country with a high rate of drug resistant TB; Specify:  
☐ Travel to / lived in a country with a high rate of drug resistant TB; Specify:  
☐ Mixed culture ☐ Non-viable in culture ☐ No / poor growth in DST media  
☐ Clinical reason(s); Explain  
  
☐ Other (e.g., results needed for optional treatment regimen); Explain

### Section 4. Minimum Inhibitory Concentration (MIC) testing

**Note:** MIC testing (includes levofloxacin, moxifloxacin, linezolid, clofazimine, bedaquiline, and pretomanid) is only performed for RIF-R/MDR or by special request due to clinical need. Please indicate request below and reason for request. Molecular testing will also be performed. Pre-approval is required prior to shipment of sample.

- ☐ Requesting MIC testing for new/repurposed drugs

Reason for request:

- ☐ Use of BPaL/ BPaLM  
☐ Use of other regimen containing new/repurposed drugs (Please specify)  
☐ Clinical need (Please provide justification)

### Section 5. Sample from Patient Previously Submitted to CDC?

Has a sample from this patient been previously submitted to CDC? ☐ Yes ☐ No

If yes, please provide reason for resubmission and the previous CDC Specimen ID(s):