

# Molecular Detection of Drug Resistance Request Form

Laboratory Branch / Division of TB Elimination/ CDC  
1600 Clifton Road, Atlanta, GA 30333  
Phone 404-639-2455 FAX 404-639-5491 TBLab@cdc.gov

**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. TB Program Contact Information

Contact Name

Phone Number

Fax Number

E-mail Address

## Section 3. Type of specimen

Isolate; Specify medium:

NAAT+ sediment; Specify specimen source:

## Section 4. Submission Criteria (check all that apply)

Known MDR; Test method:

Known RMP resistant; Test method:

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

Other; Explain

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

If yes, please provide reason for resubmission: