

Montana Department of Public Health and Human Services
Public Health Laboratory
PO Box 4369
Helena, MT 59604-4369
800-821-7284
Fax: 406-444-5527

Add-on Testing for Mycobacteriology (referral to National Jewish)

Date: _____

Request from: _____

Facility/Physician/Clinician

Patient Name/Identifier: _____ Patient DOB: _____

MTPHL Specimen ID: _____

Additional Testing Requested:

- Mycobacterium species Identification
- Mycobacterium species Susceptibility
- 10 Drug MIC for Mycobacterium avium complex (**MAC**)
includes rifampin/ethambutol combo (CLF, CIP, MXF, AMK, STR, RFB, IZD, CLR, RIF, EMB)
- Line Probe Assay for Macrolide and Aminoglycoside Resistance (recommended for **MAC, M. chelonae and M. abscessus**)
- 15 Drug Susceptibility for **Rapid Growers** includes Clofazimine/Amikacin combo (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK)
- Other, please specify below

Fax received and add-on request filed with original requisition

by: _____ on (date/time): _____

Comments:
