

Laboratory Responsibilities for TB

Positive AFB Stain

Whenever a clinical laboratory finds a positive AFB stain in a patient with known or suspected tuberculosis and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

Positive TB Culture

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the public health laboratory as soon as available from the primary isolate on which a diagnosis is established.

The public health laboratory will do further tests for strain typing of the isolate.

Drug susceptibility

When tuberculosis is detected, clinical laboratories must test the specimen for drug susceptibility.

The exception is if such testing has already been performed on a sample obtained from the same patient within the previous three months.

Multi-drug resistant TB

If drug susceptibility testing determines the culture to be resistant to at least **isoniazid** and **rifampin**, prepare another culture or subculture from each patient for the public health lab.

Because multi-drug resistant (MDR) TB patients pose a high risk to public health, all instances of MDR TB must be reported promptly to the public health department.

Phone or fax positive culture reports within 1 working day

 (650) 573-2346

 (650) 573-2919 fax

Include this information in your report:

- Date specimen was obtained and source (sputum, wound drainage, etc.)
- Specimen accession or unique ID
- Lab findings for tests performed and date of result
- Patient ID
- Patient info (name, gender, DOB, address, phone)
- Health care provider who ordered test (name, address, phone)

Note that both the laboratory and the physician make reports to the health department.
