Interjurisdictional TB Notification (IJN) Form

Type of Referral:
- ☐ **Active/Suspect TB** - See Section 1
- ☐ **TB Contact** - See Section 2
- ☐ **Class A/B** - See Section 3
- ☐ **TB Infection** - See Section 4

Date of Expected Arrival

Online directory of state and big city TB programs:
www.tbcontrollers.org/community/statecityterritory/

Referring Jurisdiction Information:

City | County | State

Person Completing Form | Email

Phone | Fax

Form Sent to:

Date IJN Form Sent

Name | Phone | Fax | Location

Name | Phone | Fax | Location

Return Follow-Up Form To:

Follow Up Requested

Name | Jurisdiction | Location

Phone | Fax

Referred Person's Information:

Last Name | First Name | Middle Initial | AKA

DOB | Sex | Hispanic | Race/Ethnicity

Country of Birth | Primary Language | Interpreter Needed?

New Address:

#/St/Apt | City | State | Zip

Phone 1 | Type | Phone 2 | Type

Alternate Contact Name | Phone | Email

Referred Person's Name | DOB

SECTION 1: Active/Suspect TB Disease

RVCT Number

Site of Disease | Most Recent Respiratory Smear

Treatment Status | Most Recent Respiratory Culture

Results Attached: Please attach all applicable results

RVCT | TST/IGRA | Radiology | Smear(s) | NAAT | Culture(s)/Pathology

DST/Mutation Analysis | Submitted for Genotyping | Gentype

SECTION 2: TB Contact Investigation

Date of Last Exposure | Contact Priority

Initial TB test | Date | Results: attach results | TST mm

8-12 week post exposure | Date | Results: attach results | TST mm

Radiology | Treatment Status

SECTION 3: Immigrants & Refugees - Class A/B

Classification | Alien # | EDN Transfer Complete

TST/IGRA | US Radiology | Sputa

Treatment Status

SECTION 4: TB Infection - Non-Contact or Class A/B

Results Attached: TST/IGRA | Radiology | Sputa | Treatment Status

Referred Person's Name | DOB

SECTION 5: TB Treatment Summary

Current Treatment Summary for:

Drug		Dosage		Therapy Admin		Date Started	
Drug		Dosage		Therapy Admin		Date Started	
Drug		Dosage		Therapy Admin		Date Started	
Drug		Dosage		Therapy Admin		Date Started	
Drug		Dosage		Therapy Admin		Date Started	
Drug		Dosage		Therapy Admin		Date Started	

Estimated Date of Completion | Last DOT dose administered on: | # of doses given for travel

Prescription Given | Side Effects or Adherence Problems | MAR/DOT Log Attached

Comments:

Note: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form.