



**National Tuberculosis
Controllers Association**

**INTERJURISDICTIONAL TB
NOTIFICATION (IJN) TRANSFER AND
FOLLOW-UP FORMS**

Introduction to the Forms

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IJN Forms Online

Interjurisdictional TB Notification (IJN) Form

Type of Referral: Active/Resumed TB - See Section 1 TB Contact - See Section 2 Close A/B - See Section 3 TB Infection - See Section 4

State of Requested Jurisdiction:

Online directory of state and ter. TB programs: www.tbcontrol.org/resources/interjurisdictional

Referring Jurisdiction Information:

City: County: State:

Completing Form:

Phone: Fax:

Form Sent to:

Name: Phone: Fax: Location:

Refer to Follow-up Form to:

Name: Phone: Location:

Referral Person's Information:

Last Name: First Name: Middle Initial: SSN:

DOB: Sex: Marital Status: State/Province:

Country of Birth: Primary Language: Interpreter Needed?

New Address:

A/C/E: Age: City: State: Zip:

Phone 1: Type: Phone 2: Type:

Specialty: Contact Form: Email:

National Tuberculosis Nurse Coalition (NTNC)
National Tuberculosis Controllers Association (NTCA)
www.tbcontrol.org/resources/interjurisdictional Revisions: November 2008

The forms can be found on the National TB Controller's Website at

[www.tbcontrollers.org/
resources/interjurisdictional-
transfers](http://www.tbcontrollers.org/resources/interjurisdictional-transfers)



It may be helpful to have the electronic version of the forms available as you move through this presentation. The forms can be found on the National TB Controller's Website at www.tbcontrollers.org/resources/interjurisdictional-transfers

IJN Transfer Form

Page One: Top

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/



The first section of the transfer form contains information regarding the specifics of the referral. It allows you to choose from four referral types including active or suspect TB, TB contact, Class A/B, and TB infection. Depending on the referral type you choose, the form guides you to the applicable section of the transfer form that should be completed. The date of expected arrival is also captured in this first section of the transfer form so that the receiving jurisdiction can find the date easily.

IJN Transfer Form

Page One: Middle

Referring Jurisdiction Information:

City County State

Person Completing Form Email

Phone Fax

State dropdown menu:
 --
 Alabama
 Alaska
 Arizona
 Arkansas
 California
 Colorado
 Connecticut
 Delaware

Form Sent to:

Date IJN Form Sent

Name Phone Fax Location

Name Phone Fax Location

Location dropdown menu:
 --
 State
 County
 Other

Return Follow-Up Form To:

Follow Up Requested

Name Jurisdiction Location

Phone Fax

Follow Up Requested dropdown menu:
 --
 Within 7 Days
 Within 30 Days
 Final
 Other – See right

The next section of the transfer form captures the information of the referring jurisdiction, the receiving jurisdiction, and follow-up notification instructions. The referring jurisdiction is the state, city, or territory that is referring the TB patient to another state, city, or territory.

It is important that the referring jurisdiction fill out its contact information completely. The referring jurisdiction should also identify whom the transfer form is being sent to and when it was sent.

The form also asks the referring jurisdiction to indicate whether the form was sent to the state, county, or “other”. Typically the transfer form is sent to the state and the state forwards the information to the county. The “Location” drop box aims to identify forms that were not sent to the state so that they can be forwarded appropriately, and it also allows the state to see if the form has already been sent to the county so that duplicate notification can be avoided.

The “Return Follow-up Form To” subsection allows the referring jurisdiction to provide instructions for the receiving jurisdiction regarding preferred follow-up notification. The “Follow Up Requested” drop down box allows the referring jurisdiction to request follow-up notification within 7 days, 30 days, a final report, or “other” with a dialogue box to the

right to specify.

IJN Transfer Form

Page One: Bottom

Referred Person's Information:					
Last Name	<input type="text"/>	Sex	<input type="radio"/> F <input type="radio"/> M	First Name	<input type="text"/>
DOB	<input type="text"/>	Hispanic	<input type="checkbox"/>	Middle Initial	<input type="text"/>
Country of Birth	<input type="text"/>	Race/Ethnicity	<input type="text"/>	Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Address:					
#/St/Apt	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Phone 1	<input type="text"/>	Type	<input type="text"/>	Phone 2	<input type="text"/>
Alternate Contact Name	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>



National Tuberculosis Nurse Coalition (NTNC)
National Tuberculosis Controllers Association (NTCA)
www.tbcontrollers.org/resources/interjurisdictional-transfers Revision: November 2014



This section collects information about an individual person being transferred. It collects basic demographic information in the same format as the Report of Verified Case of Tuberculosis (RVCT). For example, the options in the drop-down boxes for race/ethnicity and country of birth are the same options used to complete the RVCT. Notice that there is a field to enter the patient's primary language and whether or not an interpreter is needed. If the interpreter is needed, then it is assumed that the language needed is the patient's primary language.

It is imperative that the referring jurisdiction enter as much locating information as possible so that the receiving jurisdiction can locate the patient. In addition to the basic address, phone number, and email address information, there is also a place to record the name and contact information of an alternate contact, such as a spouse or roommate.

IJN Transfer Form

Page Two: Section 1

SECTION 1: Active/Suspect TB Disease ⓘ

RVCT Number

Site of Disease Pulmonary
 Extrapulmonary
 Pulmonary and extrapulmonary

Treatment Status --
 Treatment started – See Section 5
 Needs treatment

Most Recent Respiratory Smear --
 Positive
 Negative
 N/A
 Not done

Most Recent Respiratory Culture --
 Positive
 Negative
 Unknown
 N/A
 Not done


Results Attached: Please attach all applicable results

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

DST/Mutation Analysis --
 Pansensitive
 INH resistant
 RIF resistant
 EMB resistant
 PZA resistant
 Multidrug resistant
 Other – See attached results

Submitted for Genotyping --
 Yes
 No
 Unknown

Genotype



The second page of the transfer form collects information pertaining to the referred person’s current TB status. Keep in mind this transfer form is not meant to be a duplicate of the RVCT or medical record, but is a quick overview of the patient. The RVCT form and medical information such as lab or imaging results should be sent as an attachment along with this form. Throughout the following four sections, you’ll notice blue information icons. Clicking on these icons will take you to online resources that may help in filling out the form.

Section 1 applies to active or suspect TB disease. The referring jurisdiction should document the RVCT number if applicable, the site of disease as pulmonary, extrapulmonary, or both, and the treatment status. If treatment was started, then Section 5 will need to be completed. The form also includes drop-down fields for recording the most recent respiratory smear and culture results. It is important for the receiving jurisdiction to know if the referred person is a transmission risk at the time of arrival.

Additional diagnostic information should be sent as an attachment along with the transfer form. Notice the “DST/Mutation Analysis” drop-down field. While the results should be sent as an attachment, selecting a result in the drop-down allows the receiving jurisdiction to quickly determine if the patient has known drug resistance. Also note that “Submitted for Genotyping” has a drop-down field. This is due to the fact that genotyping results often are electronic notifications rather than a printable report that can be attached.

IJN Transfer Form

Page Two: Section 2


SECTION 2: TB Contact Investigation ⓘ

Date of Last Exposure: Contact Priority: ⓘ
High
Medium/close
Low/other-than-close

Initial TB test: Date: Results: attach results: TST mm:
TST
QFT-GIT
T-Spot
Needs testing
N/A
Other Negative
Positive
Indeterminant
Borderline
Not done

8-12 week post exposure: Date: Results: attach results: TST mm:
Needs testing
N/A
Other

Radiology: Treatment Status:
Attached
Not done
Pending
Needs x-ray Treatment started – See Section 5
Needs treatment
Window prophylaxis started – See Section 5
Needs window prophylaxis
N/A



Section 2 is a place to record information about a contact being referred. “Date of Last Exposure” is important information to include so that the receiving jurisdiction knows if the patient will need two TB tests or just one. The options in the “Contact Priority” drop-down field are consistent with CDC’s recommendations (see the link in the information icon) to prioritize contacts as high, medium, and low. Some jurisdictions only have the resources to evaluate high-priority contacts.

The form gives the referring jurisdiction a place to record TB testing information. In the drop-down options, you can specify the type of test, if the person needs an initial TB test, or not applicable. For instance, maybe no initial test was completed because the contact was located 8-10 weeks after exposure; and, therefore, the contact’s testing results would be recorded in the 8-12 week post exposure field.

Notice that this form allows you to specify in the “Treatment Status” box if the person is on window prophylaxis or needs window prophylaxis.

IJN Transfer Form

Page Two: Section 3

SECTION 3:

--
 A – Active pulmonary
 B1 – Noninfectious pulmonary
 B2 – Noninfectious extrapulmonary
 B3 – TB infection
 B4 – TB contact


Classification Alien # EDN Transfer Complete

TST/IGRA US Radiology Results attached Sputa

--
 Needs test
 N/A

--
 Results attached
 Needs sputa
 N/A

--
 Treatment started – See Section 5
 Needs treatment
 N/A



Section 3 is specific to class A/B immigrants and refugees. Not infrequently, refugees or immigrants arrive in the U.S. and move to a different jurisdiction before their TB evaluation is complete. If that occurs, then information is collected in this section. The referring jurisdiction should record the TB classification, the alien number, and indicate if the transfer in the Electronic Disease Notification (EDN) database has been completed. Information about any screening that has already been completed or that needs to be completed should also be recorded.

IJN Transfer Form

Page Two: Section 4

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

Results Attached: TST/IGRA Radiology Sputa Treatment Status



Section 4 is for patients who have been diagnosed with latent TB who are not known contacts to a case or a Class A/B immigrant or refugee.

IJN Transfer Form

Page Three: Section 5

Section 5 allows the referring jurisdiction to record a summary of the treatment that patient is currently receiving. Again, the information recorded in this section should only reflect what the patient is receiving at the time they are being transferred. If they are on the continuation phase of treatment you would only record the isoniazid and rifampin. The rest of the treatment history is going to be attached as a MAR or DOT log.

The first drop-down field, “Current Treatment Summary,” indicates if the treatment is for TB disease, TB infection, or window prophylaxis. Then the current drugs that the patient is on are entered into the “Drug” fields. Notice that the first four “Drug” fields have drop-downs lists that contain all of the drug options currently available for reporting on the RVCT. The bottom two “Drug” fields are text fields so that you can record any other non-traditional TB medications the patient might be receiving. Once the drug is selected, record the dosage and indicate how the medication is being administered: by directly observed therapy (DOT) or by self-administered therapy (SAT).

Then indicate the estimated date of completion, record the last DOT dose administered before the patient moves, and indicate how many (if any) doses are given for travel.

You may also indicate if a prescription for TB medication was given to the patient, and if the patient has been experiencing any side effects or adherence issues which should be detailed in an attachment.

IJN Follow-up Form

First Quarter

Interjurisdictional TB Notification (IJN) Follow-Up Form

Report Status
7 Day
30 Day
Final
Other:

Date Follow-Up Form Sent

Follow-Up On
Active/ Suspect TB
Contact
Class A/B
TB Infection

Return Follow-up to:


Name Phone Fax

Address City State Zip

Person Completing Form:

Name Jurisdiction

Phone Fax Email



IJN Follow-up Form: The follow-up form is what the receiving jurisdiction uses to communicate any follow-up that has occurred back to the referring jurisdiction. When sending the follow-up form indicate if this is a 7 day follow-up, 30 day follow-up, final report, or “other”, the date the follow-up form is sent, and the type of patient the follow-up form is addressing.

IJN Follow-up Form


Second Quarter

Referred Person's Information:

Last Name First Name Middle Name

DOB Sex Hispanic Race/Ethnicity

Country of Birth



The **Referred Person's Information** is important in helping to link the follow-up form with the original transfer form. The referred person's information should match what was on the original transfer form.

IJN Follow-up Form

Third Quarter

--
Initiated
Completed
Not Done
Referred
N/A

--
No Infection/Disease
TB Infection
Active Disease
Pending
Unknown
N/A

--
Continuing
Started
Stopped
Not started
Complete
Referred
N/A

Follow-Up Information: Evaluation Evaluation Outcome Treatment


If Active TB Disease: Counting Jurisdiction RVCT #

Results Attached: Please attach all applicable

RVCT
 TST
 IGRA
 QFT-T-spot
 Radiology
 Smear(s)
 NAAT
 Culture(s)/Pathology

DST/Mutation Analysis
 Submitted for Genotyping
 Genotype
 Other Lab (specify)

--
Pansensitive
INH resistant
RIF resistant
EMB resistant
PZA resistant
MDR
Other – See comments
Other – See attached results



The **Follow-Up Information** section allows the receiving jurisdiction to indicate where it is in the evaluation process. Record if the evaluation has been initiated, completed, not done, or if the patient was referred out for evaluation. Record the evaluation outcome to date: whether a diagnosis has been made, is pending or unknown. If the patient was diagnosed as an active case, indicate who the counting jurisdiction will be to assure that case counting does not get missed. Indicate the treatment status of the patient. Attach copies of all applicable diagnostics.

IJN Follow-up Form

Fourth Quarter

Disposition: Date of Disposition Reason Dispositioned

If Patient Moved: Notified New Jurisdiction Yes No

New Address City Zip

State/Province/Region Country Phone

Reason Dispositioned dropdown menu:
-
Completed Treatment
Not TB Infection/Disease
Never Located
Lost
Died
Refused
Moved
Other - See right



If all follow-up on the patient has been completed, then disposition the patient, indicating the date of disposition and the reason that the patient is dispositioned. If the patient is dispositioned because he or she has moved, then indicate the patient's new address and contact information and whether or not the new jurisdiction has been notified.

Wrap Up

NTCA/NTNC Interjurisdictional Transfers:

<http://www.tbcontrollers.org/resources/interjurisdictional-transfers/>

Please submit any questions or comments about the form to ntca@tbcontrollers.org



This concludes the introduction to the Interjurisdictional TB Notification Transfer and Follow-up Forms. The forms and instructions are housed on the NTCA/NTNC's **Interjurisdictional Transfers** web page at the link listed on the screen. Please submit any questions or comments about the form to ntca@tbcontrollers.org.