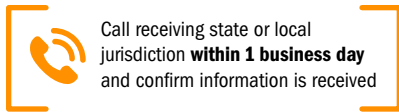


# Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

- Type of Referral:  Active/Possible TB  
 TB Contact  
 TB Infection



Online directory of state and big city TB programs: [www.tbcontrollers.org/community/statecityterritory/](http://www.tbcontrollers.org/community/statecityterritory/)

## NTNC/NTCA Recognized Standard for Communication of the IJN Form:

The recommended workflow for the secure transmission of the IJN and additional guidance on completing and sending the IJN Form and Follow-Up is provided in the IJN Companion Guide: [www.tbcontrollers.org/resources/interjurisdictional-transfers/](http://www.tbcontrollers.org/resources/interjurisdictional-transfers/)

<h3 style="margin: 0;">Referring</h3> <ul style="list-style-type: none"> <li>• Local Jurisdiction</li> </ul>	<p>Name of Local Program: <input type="text"/> City: <input type="text"/></p> <p>County: <input type="text"/> State: <input type="text"/></p> <p>Local Program Contact: <input type="text"/> Phone: <input type="text"/></p> <p><input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/></p> <p><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Referring State: <input type="text"/></p>	
<p>INITIAL</p> <p>FOLLOW UP</p>	<h3 style="margin: 0;">Referring</h3> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<p>Name of Program: <input type="text"/> Jurisdiction: <input type="text"/></p> <p>Program Contact: <input type="text"/> Phone: <input type="text"/></p> <p><input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/></p> <p><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Receiving State/Big City/Territory: <input type="text"/></p>
<p>INITIAL</p> <p>FOLLOW UP</p>	<h3 style="margin: 0;">Receiving</h3> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<p>Name of Program: <input type="text"/> Jurisdiction: <input type="text"/></p> <p>Program Contact: <input type="text"/> Phone: <input type="text"/></p> <p><input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/></p> <p><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Receiving Local: <input type="text"/></p>
<p>INITIAL</p> <p>FOLLOW UP</p>	<h3 style="margin: 0;">Receiving</h3> <ul style="list-style-type: none"> <li>• Local Jurisdiction</li> </ul>	<p>Name of Local Program: <input type="text"/> City: <input type="text"/></p> <p>County: <input type="text"/> State: <input type="text"/></p> <p>Local Program Contact: <input type="text"/> Phone: <input type="text"/></p> <p><input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/></p> <p><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Follow-Up sent to:  <input type="checkbox"/> Receiving State/Big City  <input type="checkbox"/> Referring State/Big City  <input type="checkbox"/> Referring Local                  Date Follow-Up sent: <input type="text"/></p>



National Tuberculosis Nurse Coalition (NTNC)  
 Society for Epidemiology in TB Control (SETC)  
 National Tuberculosis Controllers Association (NTCA)

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

# Interjurisdictional TB Notification

## TB Infection Continued Care (Not a Contact)

Date of Expected Arrival:

### Client Information

Last Name:  First Name:  Middle Name:

Date of Birth:  Sex at Birth:  Gender Identity:  Race:  Ethnicity:

Country of Birth:  Primary Language:  Interpreter Needed?

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

Immigrant/Refugee Classification  EDN A#  Transfer Complete in EDN

**Alternate Contact** Name:  Relationship:  Phone:

Additional Contact Information:

**Treatment Status:**  MAR/DOT Log Attached:

Starting TB Infection Regimen:  Date Started:  Estimated Treatment Duration:

Date medication given for travel:  # of doses in hand for travel:  Prescription Given:

Side Effects, Adherence, or Administration Problems:

**Tests/Results:**  TST/IGRA:  Radiology:  Smears and Cultures:

Most recent results are attached  
(If not attached, please provide reason)

**Comments:**

### Follow-Up Information

**Report Status:**  Date of Disposition:  Reason Dispositioned:

**Treatment Status:**  MAR/DOT Log Attached:

Completing TB Infection Regimen:  Date Stopped:

**If Patient Moved:** Notified New Jurisdiction:

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

**Comments:**