

# Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

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

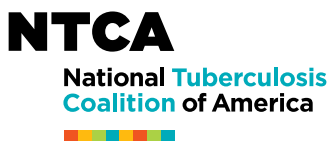


Online directory of state, big city and territory TB programs: [www.tbcontrollers.org/community/statecityterritory/](http://www.tbcontrollers.org/community/statecityterritory/)

## 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/)

<p style="font-size: 24px; font-weight: bold; margin: 0;">Referring</p> <ul style="list-style-type: none"> <li>• Local Jurisdiction</li> </ul>	<p>Name of Local Program: <input style="width: 200px;" type="text"/> City: <input style="width: 100px;" type="text"/></p> <p>County: <input style="width: 200px;" type="text"/> State: <input style="width: 100px;" type="text"/></p> <p>Local Program Contact: <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Fax: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Email: <input style="width: 150px;" type="text"/></p> <p style="font-size: 10px;"><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Referring State: <input style="width: 80px;" type="text"/></p>
<p style="font-size: 24px; font-weight: bold; margin: 0;">Referring</p> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<p>Name of Program: <input style="width: 200px;" type="text"/> Jurisdiction: <input style="width: 100px;" type="text"/></p> <p>Program Contact: <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Fax: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Email: <input style="width: 150px;" type="text"/></p> <p style="font-size: 10px;"><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Receiving State/Big City/Territory: <input style="width: 80px;" type="text"/></p>
<p style="font-size: 24px; font-weight: bold; margin: 0;">Receiving</p> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<p>Name of Program: <input style="width: 200px;" type="text"/> Jurisdiction: <input style="width: 100px;" type="text"/></p> <p>Program Contact: <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Fax: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Email: <input style="width: 150px;" type="text"/></p> <p style="font-size: 10px;"><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Date sent to Receiving Local: <input style="width: 80px;" type="text"/></p>
<p style="font-size: 24px; font-weight: bold; margin: 0;">Receiving</p> <ul style="list-style-type: none"> <li>• Local Jurisdiction</li> </ul>	<p>Name of Local Program: <input style="width: 200px;" type="text"/> City: <input style="width: 100px;" type="text"/></p> <p>County: <input style="width: 200px;" type="text"/> State: <input style="width: 100px;" type="text"/></p> <p>Local Program Contact: <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Fax: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Email: <input style="width: 150px;" type="text"/></p> <p style="font-size: 10px;"><i>Check box above for preferred document transmission.</i></p> <p style="text-align: right;">Follow-Up sent to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Receiving State/Big City</li> <li><input type="checkbox"/> Referring State/Big City</li> <li><input type="checkbox"/> Referring Local</li> </ul> <p style="text-align: right;">Date Follow-Up sent: <input style="width: 80px;" type="text"/></p>



## National Tuberculosis Coalition of America (NTCA)

- National Tuberculosis Nurse Coalition (NTNC)
- Society for Epidemiology in TB Control (SETC)

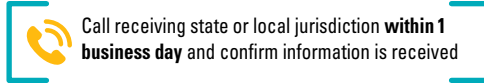
[www.tbcontrollers.org/resources/interjurisdictional-transfers](http://www.tbcontrollers.org/resources/interjurisdictional-transfers)

# Interjurisdictional TB Notification

Active/Evaluation for Possible TB Disease

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Referred for:  TB disease continued care  
 TB disease evaluation



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:

Diagnosis Verified by:  Site of Disease:  Specify extrapulmonary:

If Pulmonary:  Cavitary  Sputum culture conversion documented Date of first negative sputum culture:

Isolation:  Discontinued  Continued isolation necessary, specify:

RVCT (Case Report) Attached (required if counted):  Yes  No

Tests/Results: <sup>i</sup> TST/IGRA:  Radiology:  Smear(s):  NAAT:

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

Culture(s):  Susceptibilities (if culture positive):

Treatment Summary: MAR/DOT Log Attached:

Drug:  Dosage:  Therapy Admin:  Date Started:  Date Stopped:

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Drug:  Dosage:  Therapy Admin:  Date Started:  Date Stopped:

Current Medication Administration Method:  DOT  eDOT  SAT

Side Effects, Adherence, or Administration Problems:

Estimated Treatment Duration:  Last DOT dose administered on:

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

Comments:

# Interjurisdictional TB Notification Follow-Up

Active/Evaluation for Possible TB Disease

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## Client Information

Last Name:

First Name:

Date of Birth:

## Follow-Up Information

Report Status:  Date of Disposition:  Reason Dispositioned:

If Disposition Other:

Evaluation:  Evaluation Outcome:

**Tests/Results:** i TST/IGRA:  Radiology:  Smear(s):  NAAT:   
Most recent results are attached  
*(If not attached, please provide reason)* Culture(s):  Susceptibilities (if culture positive):

**Treatment Status:**  MAR/DOT Log Attached:  If not completed, provide reason:

**If Active TB Disease:** Counting Jurisdiction:  RVCT#

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

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

## Comments:

# Interjurisdictional TB Notification

## TB Contact Investigation

PAGE 1 OF 2

**Referral Reason:**  Location, evaluation  Completion of evaluation (evaluation initiated, but the person moved)

**Date of Expected Arrival:**

**Referred for:**  Individual contact  Expanded contact group

### 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:

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

**Date of Last Exposure:**  **Contact Priority:**  **Type of Contact:**

Sputum smear positive index case  Sputum NAAT/Culture positive index case  Index Case Cavity on Radiology  Drug Resistant Index Case:

**Initial TB Test:**  Date:  Result:  TST mm:  Report Attached:

8+ week Post-exposure Test:  Date:  Result:  TST mm:  Report Attached:

**Radiology:**  Yes   No  Report Attached:

**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:

### Comments:

# Interjurisdictional TB Notification

## TB Contact Investigation

PAGE 2 OF 2

### Client Information

Last Name:

First Name:

Date of Birth:

### Follow-Up Information

Report Status:  Date of Disposition:  Reason Dispositioned:

If Disposition Other:

Evaluation:  Evaluation Outcome:

**Tests/Results:** i TST/IGRA:  Radiology:  Smear(s):  NAAT:   
Most recent results are attached  
(If not attached, please provide reason) Culture(s):  Susceptibilities (if culture positive):

**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:

# 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:

Verified treatment services at receiving jurisdiction

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

Date medication given for travel:  # of doses in hand for travel:  Prescription Given:  MAR/DOT Log Attached:

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: