



REQUEST FOR LATENT TB INFECTION (LTBI) MEDICATIONS

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 61294 (8-2017)

Demographics:

First Name:		Last Name:		Date of Birth:	
Street Address:		City:	State:	ZIP Code:	Telephone Number:
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused				Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnancy Status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> N/A		Country of Birth:	
Drug Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Specify:			
Current Prescriptions/Non-Prescription Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Specify:			

Testing Information:

Tuberculin Skin Test (TST): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed <input type="checkbox"/> Documented Prior Positive		Date Test Performed:	Induration in mm:
IGRA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed <input type="checkbox"/> Documented Prior Positive		Date Test Performed:	Test Value:
Chest X-ray: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal but Not Consistent with Active TB <input type="checkbox"/> Abnormal Consistent with Active TB If Yes, Has Active TB Been Ruled Out? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Performed:	To prevent drug-resistant TB, LTBI treatment must not be started until active TB disease is ruled out.
HIV Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed <input type="checkbox"/> Refused			Date Test Performed:
The standard of care requires CXR's to be performed within 6 months of treatment initiation and within 3 months for high risk patients such as young children, a contact to an Active TB case, new convertor, immunocompromised, prior abnormal CXR or other risk factors.			

Indication for TB Screening (please check all that apply):

<input type="checkbox"/> From a High-Prevalence County <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Correctional Facility Inmate <input type="checkbox"/> Foreign-Born Student <input type="checkbox"/> Employee Screening <input type="checkbox"/> Nursing Home Resident <input type="checkbox"/> Homelessness <input type="checkbox"/> Recent Contact to a Known Infectious Active TB Case	<input type="checkbox"/> HIV <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Immunosuppression <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Other, Please Specify:
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For more information, visit www.ndhealth.gov/tb

or call 701.328.2378 or 800.472.2180.



Medication Request: (E-Scribe Prescription(s) to UND Center for Family Medicine – Bismarck, ND)

Medication	Dose/mg	Frequency	Duration
Isoniazid			
B6*			
Rifampin			
Isoniazid/Rifapentine**			
Weight: <input type="checkbox"/> lb. <input type="checkbox"/> kg	Weight required for patients that are being dosed at less than the maximum per CDC guidelines		
<p>*The CDC treatment guidelines state Vitamin B6 is clinically indicated while taking INH to prevent peripheral neuropathy in some patients. <input type="checkbox"/> Diabetes <input type="checkbox"/> Malnutrition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Renal Failure Alcoholism <input type="checkbox"/> Pregnancy <input type="checkbox"/> Breastfeeding <input type="checkbox"/> HIV</p> <p>**Isoniazid/Rifapentine regimen is available if patient has insurance that will cover the cost of the medication. This treatment regimen must be administered by Directly Observed Therapy (DOT). Please consult with your local public health unit to ensure this service is available.</p>			

Provider Information:

Provider Name:	Office Telephone Number:	
Facility/Clinic Name:	Office Fax Number:	
Facility/Clinic Address:		
City:	State:	ZIP Code:

Prescription Coverage Information: (Medications Are Provided at **NO COST** to the Patient)

Rx Coverage Carrier:	Carrier's Telephone Number on Card:	
Policy/ID/Member Number:	Rx Group Number:	Rx Bin Number:
Card Holder Name:		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Patient Does Not Have Prescription Coverage		
To maximize available funding, NDDoH will bill insurance and pay co-pays. Please notify NDDoH of any changes in coverage. Attach a readable photocopy (both sides) of insurance card or fill in insurance information below.		

Ship Medications to: (Must Be a Healthcare Provider Licensed to Administer Medications)

<input type="checkbox"/> Same as Provider <input type="checkbox"/> Local Public Health Unit
Local Public Health Unit:

Instructions: (Information Required to Process Request for LTBI Medications)

- Completed *Request for LTBI Medications* (front and back)
- Copy of chest X-ray report
- Copy of insurance card (front and back)
- Send E-Script to UND Center for Family Medicine - Bismarck

Fax Forms to Local Public Health Offices at:

Cass County: Fax No. 701.298.6929

Fargo Cass Public Health Dept.
TB Program
1240 - 25th Street S.
Fargo, ND 58103
Telephone Number: 701.241.1360

Ward County: Fax No. 701.852.2103

First District Health Unit
TB Program
801 - 11th Ave. S.W.
P.O. Box 1268
Minot, ND 58701
Telephone Number: 701.852.1376

Grand Forks County: Fax No. 701.787.8145

Grand Forks Public Health Dept.
TB Program
151 South 4th Street
Suite N301
Grand Forks, ND 58201
Telephone Number: 701.787.8120

Burleigh County: Fax No. 701.221.6883

Bismarck-Burleigh Public Health Dept.
TB Program
500 East Front Avenue
P.O. Box 5503
Bismarck, ND 58506
Telephone Number: 701.355.1540

For All Other Counties: Fax No. 701.328.2499

N.D. Department of Health
Division of Disease Control
2635 East Main Avenue
P.O. Box 2635
Bismarck, ND 58506
Telephone Number: 701.328.2378

Reminders:

- All medications will be shipped to the local public health unit indicated on the form unless prior arrangements are made.
- Medications will ship within 7 days.
- Local public health will monitor the patient for adverse drug effects, signs/symptoms of active TB and adherence.
- Review the *Request for LTBI Medications* form for completeness. Missing information will delay your request.
- **Fax completed form, copy of CXR report and copy of insurance information to appropriate county.**

To request medications for active TB, complete the *Request for Active TB Medications* form and fax the form to the local public health unit where the patient is living. Call the North Dakota Department of Health, TB Prevention and Control, at 701.328.2377 to report the case.