**PLEASE PRINT.** Please complete this report for screening activities occurring among special populations in your jurisdiction. The report is due no later than the 2nd Friday each month for testing done the previous month. Submit your report to the Congregate Settings Program via the Texas Public Health Information Network (PHIN) or fax it to (512) 533-3167.

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| **REPORTING PROGRAM** |
| Name of Local Health Department/ DSHS Health Service Region:  | Reporting Month**:** |
| Contact Person/Title**:** | Email Address: |
| Phone Number: | Fax Number: |

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| 1. **INTERFERON-GRAMMA RELEASE ASSAY (IGRA) TESTING**

**Provide the information below for testing done by your program using IGRA.** |
| Name of Targeted Testing Sites | Type of IGRA TestQFT/ T-Spot | # persons evaluated | # new positive reactors | % new positive reactors | # persons identified with documented hx of positive TB test  | # persons identified with confirmed or suspected TB disease *\*List the names Section D* | % of persons identified with suspected or confirmed TB disease | Was this target testing part of a contact investigation? Y\N | Was testing done with state supported resources?Y/N |
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| **REPORTING FACILITY** |
| Name of Local Health Department/ DSHS Health Service Region:  | Reporting Month**:** |

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| 1. **TUBERCULIN SKIN TEST (TST) TARGET TESTING**

**Provide the information below for testing done by your program using TST. Include testing done directly by your program or by another program to which state funded supplies were redirected. Do NOT include correctional facilities.** |
| Name of Targeted Testing Sites | # Persons evaluated | # new positive reactors | % new positive reactors | # persons identified with documented hx of positive TB test | # persons identified with confirmed or suspected TB disease *\*List the names Section D* | % of persons identified with suspected or confirmed TB disease | Was this target testing part of a Contact investigation? Y\N | Was testing done with state supported resources?Y/N |
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| 1. **TB INFECTION**

**Provide the information below for persons with TB infection identified through target testing.** |
| Total # of new positive reactors*\*include QFT,**T-Spot and TST* | # of new positive reactors who started 12-dose regimen for TB Infection | # of new positive reactors who started INH regimen for TB Infection | # of new positive reactors who started other regimen for TB Infection*\*exclude 12-dose regimen and INH* | Total # of previous positive reactors *\*include QFT,**T-Spot and TST* | # of previous positive reactors who started 12-dose regimen for TB Infection | # of previous positive reactors who started INH regimen for TB Infection | # of previous positive reactors who started other regimen for TB Infection*\*exclude 12-dose regimen and INH* |
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| **REPORTING FACILITY** |
| Name of Local Health Department/ DSHS Health Service Region:  | Reporting Month**:** |

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| SUSPECTS/CASES**Provide the information below for cases and suspects identified through target testing.**  |
| Name | DOB | Race | Sex | Test Date | Test Results | Type of TestTST/QFT/T-Spot | CXR Date | CXR ResultNor/Abn. | ClassificationCase/ Suspect | Rx Start Date |
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