



Instructions
Tuberculosis Testing Supply Request Form
for Chapter 89-Designated Facilities, Form 12-11463

This form provides instructions to complete the Tuberculosis Testing Supply Request Form for Chapter 89-Designated Facilities.

Requesting Facility

Facility Name: Provide the legal name of the correctional facility ordering state-purchased TB testing supplies. Please do not abbreviate.

Request Date: Provide the date TB supplies are being requested by the correctional facility.

Person Completing Form: Provide the name of the person responsible for completing the TB Testing Supply Request form and/or the person who can be contacted to clarify information submitted on the form. Include titles such as RN or LVN.

Email Address: Provide the email address of the person completing the form.

Phone Number: Provide the phone number of the person completing the form. Include the area code and, if applicable, an extension.

Fax Number: Provide the fax number of the person completing the form. Include the area code.

Local Health Department (LHD)/Public Health Region (PHR): Provide the correctional facility's LHD or PHR who provides state-purchased TB testing supplies.

LHD/PHR Correctional Liaison Email Address: Provide the LHD or PHR's correctional liaison's email address.

Tuberculin Skin Tests (TSTs) Administered and Read

TSTs administered in the last month

- **Reporting Month:** Provide the name of the previous month (i.e., if the request date is February 05, 2025, the last month/reporting month refers to January 2025).



- **Number:** Provide the number of TSTs administered in the previous month.

TSTs read in the last month

- **Reporting Month:** Provide the name of the previous month (i.e., if the request date is February 05, 2025, the last month/reporting month refers to January 2025).
- **Number:** Provide the number of TSTs read in the previous month.

Average Number of TSTs administered in the previous three months

- **Reporting Month:** Provide the names of the previous three months (i.e., if the request date was February 05, 2025, the last three months refer to November 2024 to January 2025).
- **Number:** Provide the average number of TSTs administered in the previous three months (i.e., if 300 TSTs were administered in November, 200 TSTs were administered in December, and 400 TSTs were administered in January, then the average number of TSTs administered would be 300).

Average Number of TSTs read in the previous three months

- **Reporting Month:** Provide the names of the previous three months (i.e., if the request date was February 05, 2025, the last three months refer to November 2024 to January 2025).
- **Number:** Provide the average number of TSTs read in the previous three months (i.e., if 300 TSTs were read in November, 200 TSTs were read in December, and 400 TSTs were read in January, then the average number of TSTs read would be 300).

Item Requested

Tubersol 5TU-50 Test Vial

- **Last Order Date and Quantity:**
 - **Quantity:** Provide the number of Tubersol 5TU-50 test vials ordered previously (note: do not provide the number of doses; rather, provide the number of vials ordered).
 - **Date:** Provide the previous date an order was submitted to the PHR or LHD.



- **Current Inventory:** Provide the current number of Tubersol 5TU-50 test vials at the correctional facility (note: do not provide the number of doses; rather, provide the number of vials in stock including the vials that may be partially used).
- **Amount Requested:** Provide the amount of Tubersol 5TU-50 test vials requested for the reporting month.

Tubersol 5TU-10 Test Vial

- **Last Order Date and Quantity:**
 - **Quantity:** Provide the number of Tubersol 5TU-10 test vials ordered previously (note: do not provide the number of doses; rather, provide the number of vials ordered).
 - **Date:** Provide the previous date an order was submitted to the PHR or LHD.
- **Current Inventory:** Provide the current number of Tubersol 5TU-10 test vials at the correctional facility. (note: do not provide the number of doses; rather, provide the number of vials in stock including the vials that may be partially used).
- **Amount Requested:** Provide the amount of Tubersol 5TU-10 test vials requested for the reporting month.

1cc 27G syringes (Box of 100)

- **Last Order Date and Quantity:**
 - **Quantity:** Provide the number of boxes of 1cc 27G syringes (box of 100) ordered previously (note: do not provide the number of syringes; rather, provide the number of boxes ordered).
 - **Date:** Provide the previous date an order was submitted to the PHR or LHD.
- **Current Inventory:** Provide the current number of boxes of 1cc 27G syringes (Box of 100) at the correctional facility. (note: do not provide the number of syringes; rather, provide the current number of boxes including any partially used boxes).
- **Amount Requested:** Provide the amount of 1cc 27G syringes (box of 100) requested for the reporting month.



Item Requested – Amount Approved by the LHD or PHR

Tubersol 5TU-50 Test Vial: Provide the number of Tubersol 5TU-50 test vials approved by the LHD or PHR (note: do not provide the number of doses; rather, provide the number of vials ordered).

Tubersol 5TU-10 Test Vial: Provide the number of Tubersol 5TU-10 test vials approved by the LHD or PHR (note: do not provide the number of doses; rather, provide the number of vials ordered).

1cc 27G syringes (Box of 100): Provide the number of 1cc 27G syringes (box of 100) approved by the LHD or PHR (note: do not provide the number of syringes; rather, provide the number of boxes ordered).

Add justification if the request is denied or partial supply is provided:

Provide the reasoning the LHD or PHR did not approve the entire or part of the supplies requested, if applicable (e.g., facility requested more than average monthly usage, delinquent on Monthly Correctional TB Reports, etc.).

Name of Approver: Provide the name of the individual approving the TB testing supply request.

Signature: Provide the signature of the individual approving the TB testing supply request.

Date: Please provide the date the request was approved.