



Instructions to Distribute Tuberculosis Screening Supplies to Correctional Facilities

Funded tuberculosis (TB) programs may order testing supplies to screen inmates at correctional facilities that meet Texas Health and Safety Code Chapter 89 requirements. Testing supplies include Tubersol and disposable 27-gauge tuberculin syringes. To receive state-purchased testing supplies, the facility must have a current and approved Correctional Tuberculosis Screening Plan (TB-805) and Section B of the plan must include the name of the local or regional health department providing purified protein derivatives (PPDs) and/or syringes. Tubersol is the only PPD provided by Texas Department of State Health Services (DSHS).

Funded TB programs will order testing supplies through DSHS Pharmacy online portal known as the Pharmacy Inventory and Ordering System (PIOS). When ordering testing supplies for Chapter 89-designated correctional facilities, funded TB programs must place the name of the facility in PIOS. Refer to: dshs.texas.gov/pharmacy-unit for more information.

Before placing an order in PIOS, funded TB programs must verify the following with each facility:

- ☐ Has exhausted its current supply of Tubersol to a reasonable amount and does not have Tubersol stockpiled at their facility.
- ☐ Is not delinquent in submitting the Monthly Correctional TB Report (12-11462) and Report of TB Conditions (12-11461). Funded TB programs shall not approve requests for testing supplies until delinquent monthly reports are submitted.
- ☐ The funded TB program is listed as the entity to provide testing supplies in Section B of the Correctional TB Screening Plan. If not, the order will not be approved.
- ☐ TB screening is done only among inmates who will likely remain at the facility for longer than seven days.
- ☐ The facility is only testing inmates who have **not** been screened in the past 12 months in previous bookings.
- ☐ The facility is requesting a reasonable amount of testing supplies that matches their monthly usage as noted on the Monthly Correctional TB Report.
- ☐ The facility reads a high majority of tests placed (>80%). Facilities with a low read rate are likely administering tests on inmates who do not stay long enough at the facility to read and interpret test tuberculin skin test results.



**Tuberculosis Testing Supply Request Form
for Chapter 89-Designated Facilities**

Requesting Facility	
Facility Name:	Request Date:
Person Completing Form:	Email Address:
Phone Number:	Fax Number:
Local Health Department (LHD) / Public Health Region (PHR):	LHD/PHR Correctional Liaison Email Address:

Tuberculin Skin Tests (TSTs) Administered and Read	Reporting Month	Number
TSTs administered in the last month		
TSTs read in the last month		
(*Last month is the calendar month before the month when the request is generated; for example, if the order placed on February 05, 2025, the last month/reporting month refers to January 2025)		
Average number of TSTs administered the previous three months**		
Average number of TSTs read in the previous three months**		
(**previous three months refer to the last three calendar months before the month when the request is generated; for example, if the order was placed on February 05, 2025, the last three months refer to November 2024 to January 2025).		

Item Requested	Last Order Date and Quantity		Current Inventory	Amount Requested
	Quantity	Date		
Tubersol 5TU-50 Test Vial				
Tubersol 5TU-10 Test Vial				
1cc 27G syringes (Box of 100)				

To be completed by the Local or Regional Health Department:

Item Requested	Amount Approved by the LHD or PHR
Tubersol 5TU-50 Test Vial	
Tubersol 5TU-10 Test Vial	
1cc 27G syringes (Box of 100)	

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

Name of Approver: _____ Signature: _____ Date: _____