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1.0 Scope of Guideline

This guideline provides tuberculosis (TB) screening and follow-up recommendations and procedures for patients in BC’s Kidney Care Clinics (KCCs) for whom there has been a referral initiated for a Living Donor Transplant.

Refer to Appendix 1 for an overview of the TB Screening & Follow-Up Workflow.

2.0 Recommendations

Recommendation #1: Screen all KCC patients for TB who have had a Living Donor Transplant referral initiated using the 3-component protocol outlined in recommendation #3 (TB screening questionnaire, IGRA test and chest x-ray). See recommendation #2 for exceptions.

IGRA blood samples can be drawn in any hospital that has been designated (trained and set up) as an *IGRA collection site* by the BCCDC Provincial Health Laboratory. See www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/IGRASites.pdf (note the restricted days/hours for IGRA blood collection).

For the occasional patient who cannot access one of these sites within the timeline of the transplant referral submission, utilize the “bypass to expedite” option in PROMIS and submit the transplant referral. TB screening will be arranged by the (1) Transplant Centre (when in Vancouver for appointment); or (2) Dialysis Centre (if they start on dialysis).

Recommendation #2: Do not rescreen patients previously screened using the BCCDC/BCR screening process (questionnaire, IGRA and chest x-ray) (see recommendation #3 for exception). This includes patients changing treatment types (e.g., PD to HD, transplant to HD, KCC to PD) regardless of the length of time since the initial screening (refer to [Procedure](#) section for ways to identify if previous screening was done). The BCCDC/BCR screening process started in 2016.

For patients with a previous documented IGRA test (anytime in the past) but not as part of the 3-component protocol outlined in this guideline:

- Submit the TB screening questionnaire and chest x-ray as per the 3-component protocol.
- Do not repeat the IGRA. Enter the date the IGRA was completed, and the TB Physician will advise if a more recent IGRA is required.

In general, repeat, or serial IGRA testing is not recommended. In certain circumstances, it may be appropriate, most commonly following a known TB exposure. If unclear for a specific case, contact the Nurse Consultants in TB Services (phone: BCCDC, 604.707.5678; Island Health, 250-519.1510).

Recommendation #3: Utilize the BCCDC/BCR 3-component protocol to screen for TB:

1. TB screening (risk assessment) questionnaire.
2. IGRA blood test: QFT - Plus.
3. Chest x-ray within the past 6 months.

The TB Screening Tracking Report in PROMIS shows the TB Assessment Date (completion of questionnaire), chest X-Ray order date, TB IGRA order date and the date that BCCDC was alerted (BCCDC is alerted automatically by PROMIS when the three components are completed).

TB screening (risk assessment) questionnaire (see Appendix 2 for example)

This questionnaire is available as a fillable form in PROMIS. Print the questionnaire from PROMIS (demographics will auto populate), discuss the questions with the patient and enter the responses into PROMIS. BC Centre for Disease Control (BCCDC) will have access to the completed questionnaire, along with the results of the IGRA test and chest x-ray, in PROMIS for analysis.

IGRA testing (see Appendix 3 for example of IGRA lab requisition)

The IGRA lab requisition is available in PROMIS (demographics will auto populate). Print the requisition from PROMIS and give to the patient to take to the laboratory. BE SURE TO USE THE IGRA LAB REQUISITION IN PROMIS and not the standard lab requisition.

TB Screening & Follow-Up: Kidney Care Clinic Patients Referred for Kidney Transplant



BCCDC will have access to the results of the IGRA test, along with the completed questionnaire and chest x-ray report, in PROMIS for analysis. The results of the IGRA tests are usually available within 1 week of the sample being drawn.

Chest x-ray (see Appendix 4 for example of chest x-ray requisition)

The chest x-ray requisition is available in PROMIS (demographics will auto populate). Print the requisition from PROMIS and give to the patient. BE SURE TO USE THE CHEST X-RAY REQUISITION IN PROMIS and not the standard radiology requisition.

The patient may have his/her chest x-ray at any hospital medical imaging department. Once the report is available, a copy will be sent by the medical imaging department to the KCC and to the BCCDC. BCCDC will manually upload the report into PROMIS.

If the patient has had a chest x-ray within the past 6 months, a repeat chest-ray is not required. Enter the date the x-ray was completed into PROMIS. BCCDC will manually upload the x-ray report into PROMIS. If the report/image is inconclusive, BCCDC will advise the KCC to provide the patient with a chest x-ray requisition specific for ruling out TB.

BCCDC will have access in PROMIS to all 3 components of TB screening to complete their analysis - the completed TB screening questionnaire, IGRA test results and the chest x-ray report.

Recommendation #4: If an IGRA result is “indeterminant” or “unsatisfactory,” repeat once (if available at your site, consider T-spot instead of a second QFT). If the second result comes back indeterminant or unsatisfactory, do not repeat. The TB physician will review the file and issue a report based on the information available.

Recommendation #5: Once all 3 components in recommendation #3 have been completed, PROMIS will automatically alert BCCDC.

Once BCCDC receives the "Alert" from the renal unit, they will check PROMIS for the completed TB screening questionnaire, the IGRA blood test result and the chest x-ray report. If any of these components are missing one month after the "Alert" was sent, BCCDC will notify the patient's unit. The unit will be responsible for follow-up with the patient. If components are still missing after another 2 months, the incomplete information will be sent to the TB screening physician who will issue a report indicating incomplete results.

If the patient wishes to complete the screening in the future (e.g., when starting the transplant process), the process/referral will need to be started again at that time.

Recommendation #6: After analysis of the results, BCCDC TB Services will issue a report/letter, including recommendations.

BCCDC TB Services will manually upload the report/letter, including recommendations, into PROMIS. Reports/letters will be available in PROMIS within 1 month of the three tests being received by the BCCDC. To review the report/letter in PROMIS, search for the patient, go to “Documents,” then filter by “TB Services Recommendations” tab.

Distribution of the report and follow-up of results will depend upon the outcome of testing. See Appendix 5 for an overview of report/letter distribution and follow-up for each type of result. See Appendix 6 for sample copies of each result type report/letters.

****For Island Health, BCCDC TB Services will fax copies of the TB screening questionnaire, IGRA blood test results and the chest x-ray report to the Island Health TB Clinic (BCCDC will also upload a copy of the chest x-ray report into PROMIS). The Island Health TB Clinic will analyze the results and issue a report/letter, including recommendations. The Island Health TB Clinic will alert BCCDC TB Services of the availability of a report in Panorama. BCCDC will upload a copy of the report in PROMIS. Island Health TB Clinic will follow-up on the results with the patient/appropriate care providers.***

3.0 Procedure


Kidney Care Clinic responsibilities

1. Designate a person(s) responsible for maintaining TB screening processes for patients referred for transplant and to ensure the process is completed.
 2. Incorporate into the pre-printed orders for KCC patients referred for transplant:
 - a. Complete TB screening questionnaire
 - b. IGRA blood test (QFT - Plus)
 - c. Chest x-ray within the past 6 months
 3. Print the following documents from PROMIS and add to the records of KCC patients referred for transplant (unless a previous TB screening report is on file):
 - a. Auto-populated TB screening questionnaire
 - b. Auto-populated laboratory requisition for IGRA blood test (unless a previous IGRA result is on file)
 - c. Auto-populated chest x-ray requisition (unless a chest x-ray was completed within the previous 6 months)
- * It is important to use the forms in PROMIS that are auto-populated. DO NOT USE STANDARD LAB REQUISITIONS/CHEST X-RAY FORMS.**

TB Screening & Follow-Up: Kidney Care Clinic Patients Referred for Kidney Transplant

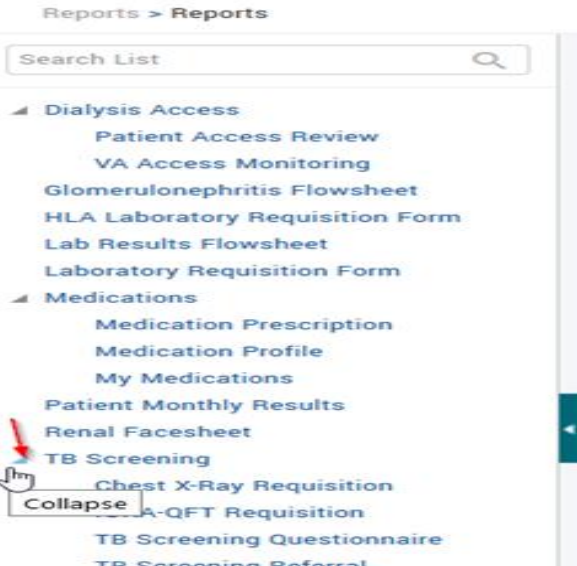


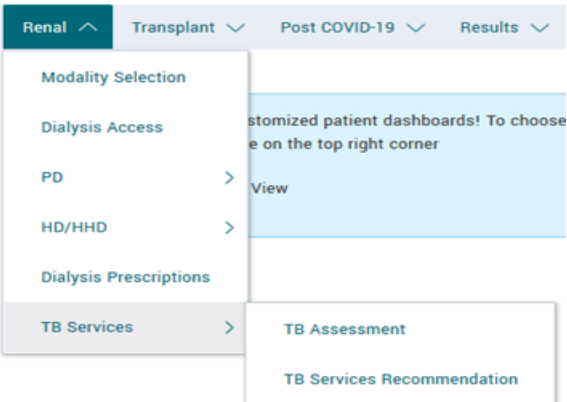
Procedure

Component	Action	Responsibility
<p>1 Check for previous IGRA/TB screening report</p>	<p>Check if patient has been previously screened for TB using the BCCDC/BCR screening process (questionnaire, IGRA and chest x-ray). If so, screening does not need to be repeated.</p> <p>To check for previous TB screening:</p> <ul style="list-style-type: none"> • On PROMIS 4, go to Renal > TB Assessment • If the TB Screening Questionnaire Summary is blank, TB screening was not previously completed • If there is a pre-existing TB Screening Questionnaire, click to open • Click on or scroll down to TB Services Completes to see if there has been a TB physician review <p>To view the TB physician narrative reports:</p> <ul style="list-style-type: none"> • On PROMIS 4, go to Documents, filter by TB Services Recommendation • TB Physician/Nurse Practitioner narratives are also automatically uploaded to CareConnect under Documents 	<p>RN/Unit Clerk</p>
<p>2 TB screening questionnaire</p> <p>See Appendix 2</p>	<p>a. Print TB screening questionnaire from PROMIS:</p> <ul style="list-style-type: none"> • Select Reports menu.  <ul style="list-style-type: none"> • Select arrow next to TB Screening to view list of reports. • Select TB Screening Questionnaire. 	<p>Unit Clerk</p>

TB Screening & Follow-Up: Kidney Care Clinic Patients Referred for Kidney Transplant



Component	Action	Responsibility
		

Component	Action	Responsibility
TB screening questionnaire cont'd	<ul style="list-style-type: none"> Select Assessment Date = blank (default). Select Run Report. Print out Questionnaire and place in patient's record. 	
	<p>b. Fill out Questionnaire with patient information.</p> <p>c. Enter completed Questionnaire into PROMIS.</p> <ul style="list-style-type: none"> Search for patient. Under Renal menu, select TB Services.  <ul style="list-style-type: none"> Under TB Assessment tab, click on Add button. Enter information from completed Questionnaire, including: <ul style="list-style-type: none"> Select Population at Risk checkbox. Select Renal TB Screening as the Reason for Screening. Under Risk Factors, select Chronic Renal Disease/Dialysis. Select Save. 	<p>RN</p> <p>Unit Clerk</p>

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Kidney Care Clinic Patients Referred for Kidney
Transplant**



Component		Action	Responsibility
		Discard the hard copy of the Questionnaire once entered into PROMIS.	
3	IGRA (QFT Plus) blood test See Appendix 3	<p>a. Check Care Connect/PROMIS for previous IGRA test. If none, print lab requisition from PROMIS:</p> <ul style="list-style-type: none"> • Search for patient. • Select Reports menu (same row as the Renal menu). • Select arrow next to TB Screening to view list of reports. • Select IGRA-QFT Requisition. Note: Primary nephrologist will show as the ordering physician – do not change. • Select Run Report. • Print out requisition. <p>b. Give requisition to patient & ask to take to IGRA lab (limited <u>hospital</u> labs are set up for IGRA blood collection & days/hours are restricted). See www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/IGRASites.pdf</p>	Unit Clerk
			RN or Unit Clerk

TB Screening & Follow-Up: Kidney Care Clinic Patients Referred for Kidney Transplant



Component	Action	Responsibility
IGRA (QFT Plus) blood test cont'd	<p>c. Document that patient was provided the requisition or, if applicable, the date a previous IGRA test was completed in PROMIS:</p> <ul style="list-style-type: none"> • Search for patient. • Under Renal menu, select TB Services. • Under TB Assessment tab, select record with the corresponding Assessment Date. • Select pencil icon next to Nurse Completes to edit the record. • Under IGRA Test section, check IGRA Test QFT checkbox and enter IGRA Order Date. • Click Save. 	Unit Clerk
4 Chest x-ray See Appendix 4	<p>a. Check Care Connect for chest x-ray performed in the past 6 months.</p> <p>If none, print requisition from PROMIS:</p> <ul style="list-style-type: none"> • Search for patient. • Select Reports menu (on the same row as the Renal menu). • Select arrow next to TB Screening to view list of reports. • Select Chest X-Ray Requisition. Note: Primary nephrologist will show as the ordering physician – do not change. • Under Management Centre, select KCC. • Under Unit, select KCC. • Select Run Report. • Print out requisition. 	Unit Clerk
	<p>b. Give requisition to patient to ask to take to <u>hospital</u> medical imaging department.</p>	RN or Unit Clerk
	<p>c. Document that patient was provided the requisition in PROMIS or, if applicable, the date a previous chest x-ray was completed within the past 6 months:</p> <ul style="list-style-type: none"> • Search for patient. • Under Renal menu, select TB Services. • Under TB Assessment tab, select the record with the corresponding Assessment Date. • Select pencil icon next to Nurse Completes to edit the record. • Under Chest X-Ray section, enter the Order Date. • Click Save. <p>BCCDC will review results and upload into PROMIS.</p>	Unit Clerk
5 BCCDC will be notified	Once all 3 components have been completed, PROMIS will automatically alert BCCDC.	PROMIS

BCCDC contact for questions: TB Services, phone: 604-707-5678 or tb nurseconsultants@bccdc.ca. For Island Health, call 250.519.1510.

4.0 Sponsors

Original version (2015) developed for HD and PD by:

- A working group of representative groups of renal clinicians and directors/managers, BC laboratories, BCCDC TB Services, Island TB Clinic and BC Renal (BCR)

Original version (2015) approved for HD and PD by:

- BCR Peritoneal Dialysis Committee
- BCR Medical Advisory Committee
- Provincial Committee for Implementation of TB Screening for Dialysis Patients (BCR/BCCDC, BC Public Health Microbiology and Reference Lab)

Update in 2019 for HD and PD and reviewed by:

- Representatives from Zoonotic Diseases & Emerging Pathogens Laboratory, BCCDC Public Health Laboratory (Team Lead & Technical Coordinator)
- BCPRA Hemodialysis Committee (Sept 11, 2019 – discussed but not reviewed)

In 2022, the 2019 version was adapted and updated to incorporate Kidney Care Clinic (KCC) patients referred for transplant. The 2022 update was completed in collaboration with representatives from the BCCDC, the PROMIS Team and the BCR Kidney Care, PD and HD Committees.

In 2024, the 2022 version was updated following a review of various details of testing with BCCDC. The changes were summarized in a memo sent out in January 2024.

5.0 Appendices

Appendix 1: BC TB Screening Workflow for Renal Patients

Appendix 2: TB Screening Questionnaire (printed from PROMIS)

Appendix 3: IGRA Lab Requisition (printed from PROMIS)

Appendix 4: Chest X-Ray Requisition (printed from PROMIS)

Appendix 5: Distribution of Reports/Letters & Follow-up of Results

Appendix 6: Samples of Follow-up Reports/Letters

- Letter 1: Non-reactive IGRA
- Letter 2: Reactive IGRA (Latent TB Infection)

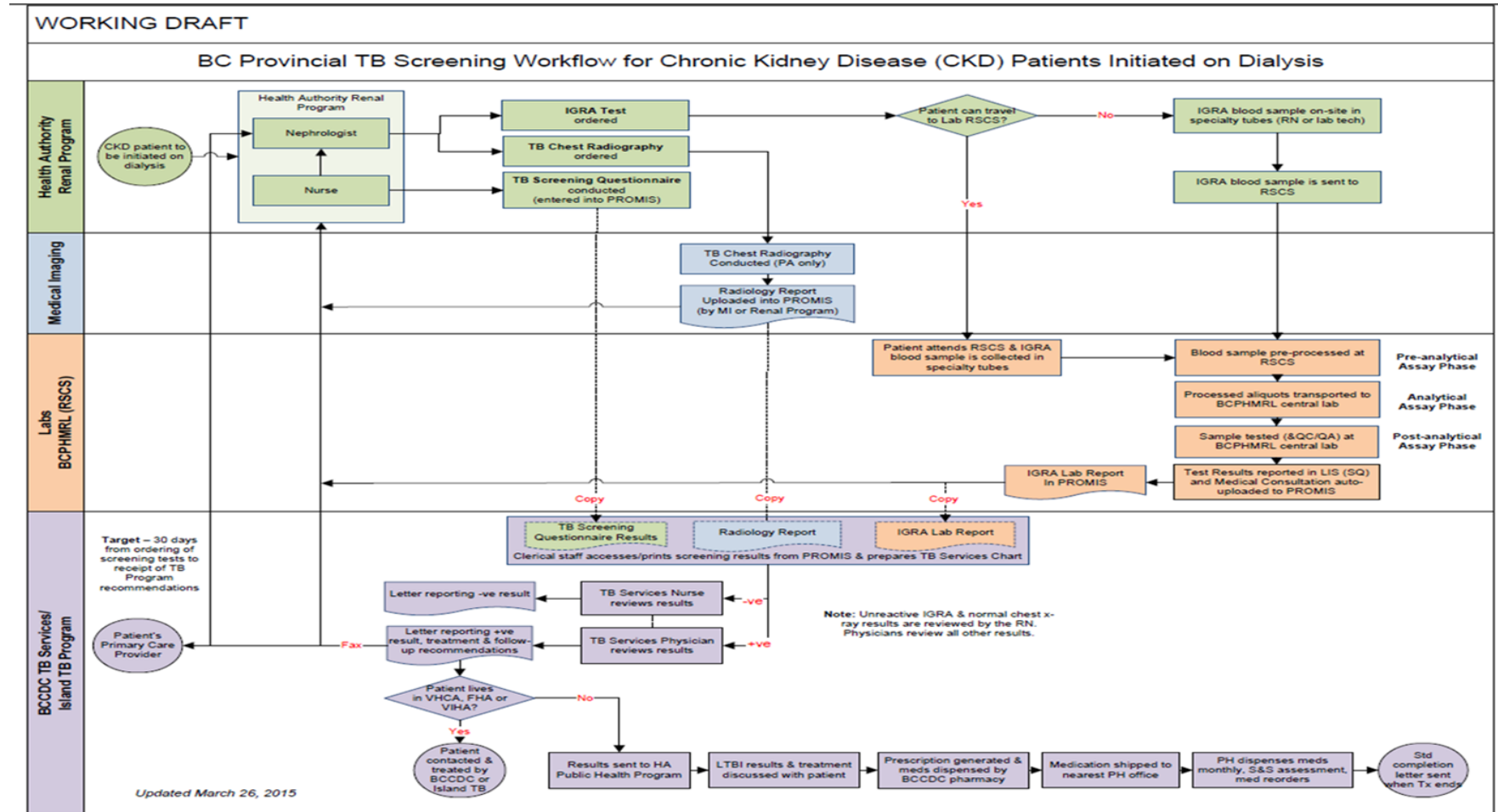
TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis



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Appendix 1: BC TB Screening Workflow for Renal Patients

This workflow applies to patients starting on dialysis (hemodialysis and peritoneal dialysis and patients attending Kidney Care Clinics referred for transplant).



TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis



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Appendix 2: TB Screening Questionnaire in PROMIS

1. Please complete fields highlighted in **yellow** (unless already pre-populated with correct information).
2. Reason for screening: Provincial Renal TB Screening.

BC Centre for Disease Control An Agency of the Provincial Health Services Authority		Provincial Tuberculosis Services		TB SCREENING FORM Provincial Form adapted for Renal Patients, Sept 2022	
BILLING INSTRUCTIONS: <input type="checkbox"/> PAYMENT RECEIVED <input type="checkbox"/> BILL CLIENT <input type="checkbox"/> BILL MSP <input checked="" type="checkbox"/> BILL TO TB SERVICES		MSP BILLING # 39996			
TODAY'S DATE (YYYYMMDD) 18-OCT-2022		PERSONAL HEALTH NUMBER (PHN) 8068151283		TB SERVICES USE ONLY ID NUMBER 4	
PART 1: CLIENT COMPLETES (use ink and print clearly)					
LAST NAME BELL		GIVEN NAME(S) TEST		MAIDEN NAME (IF APPLICABLE)	
FULL ADDRESS 123 MAIN		CITY VANCOUVER		PROVINCE BC	POSTAL CODE V6Z1Y8
DATE OF BIRTH 05 MAR 1961	GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	ETHNIC ORIGIN		FIRST NATIONS STATUS <input type="checkbox"/> STATUS INDIAN <input type="checkbox"/> NON-STATUS INDIAN	
COUNTRY OR CANADIAN PROVINCE OF BIRTH BRITISH COLUMBIA		DATE ENTERED CANADA	PRIMARY PHONE NUMBER (778)000-0000	FIRST NATIONS COMMUNITY <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
NAME OF REFERRING PHYSICIAN(S)/HEALTH CARE PROVIDER(HCP) & SPECIALTY				ALTERNATE PHONE NUMBER	
NAME OF FAMILY GP SAUNDERS, MARYAM				PHONE NUMBER OF REFERRING HCP (111)333-4444	
PART 2: HEALTH CARE PROVIDER COMPLETES					
REASON FOR SCREENING (REFER TO CODES) Renal TB Screening		MEDICATION ALLERGIES <input checked="" type="checkbox"/> NONE		RECENT LIVE VACCINE ADMINISTRATION? <input type="checkbox"/> YES DATE: <input type="checkbox"/> NONE	
IF CONTACT, NAME OF TB CASE OR ID#		LAST DATE OF CONTACT	HISTORIC EXPOSURE? IF YES, LIST DETAILS (NAME, DATE ID#) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
RISK FACTORS <input type="checkbox"/> NONE					
<input checked="" type="checkbox"/> HIV <input type="checkbox"/> TRANSPLANT (SPECIFY)		<input checked="" type="checkbox"/> CHRONIC RENAL DISEASE/DIALYSIS		<input checked="" type="checkbox"/> CANCER (SPECIFY) test	
<input type="checkbox"/> TRAVEL TO HIGH PREVALENCE COUNTRY (SPECIFY WHERE & DATES)		<input type="checkbox"/> SUBSTANCE USE		<input checked="" type="checkbox"/> DIABETES	
<input type="checkbox"/> IMMUNE SUPPRESSING MEDS (SPECIFY NAME, DOSE & DURATION)		<input type="checkbox"/> OTHER (SPECIFY)		<input checked="" type="checkbox"/> SETTING	
SYMPTOMS					
<input type="checkbox"/> NONE <input checked="" type="checkbox"/> COUGH <input checked="" type="checkbox"/> PRODUCTIVE COUGH <input type="checkbox"/> FATIGUE		<input checked="" type="checkbox"/> NIGHT SWEATS <input type="checkbox"/> FEVER <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> CHEST PAIN		SPUTUM FOR AFB COLLECTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> BLOOD IN SPUTUM <input type="checkbox"/> LYMPHADENOPATHY <input checked="" type="checkbox"/> SPUTUM PRODUCTION		<input checked="" type="checkbox"/> OTHER test		<input type="checkbox"/> NUMBER COLLECTED	
HEPATITIS HISTORY? <input type="checkbox"/> NONE <input checked="" type="checkbox"/> HEP B <input type="checkbox"/> HEP C <input type="checkbox"/> UNKNOWN		PREVIOUS BOG? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IF YES, DATE (YYYYMMDD)	
HAS CLIENT EVER HAD TB? <input type="checkbox"/> YES ACTIVE <input type="checkbox"/> YES LATENT <input checked="" type="checkbox"/> NO		PREVENTATIVE TREATMENT? <input type="checkbox"/> YES, DATE: <input type="checkbox"/> NO		RESULT OF PREVIOUS TST <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	
INITIAL TST GIVEN BY (ENTER CODE OF NURSE, NURSE, HOSPITAL, HEALTH CENTRE AND PRINT PROVIDER NAME)		DID NOT TEST DATE GIVEN (YYYYMMDD)		DATE READ (YYYYMMDD)	SIZE OF INDURATION 45 MM
test #		18 OCT 2022		18 OCT 2022	test <input type="checkbox"/> negative <input type="checkbox"/> positive
FOLLOW-UP RECOMMENDATIONS					
<input checked="" type="checkbox"/> NO FURTHER TESTING		<input type="checkbox"/> SPUTUM FOR AFB		<input checked="" type="checkbox"/> IGRA <input checked="" type="checkbox"/> CXR, TYPE <input checked="" type="checkbox"/> PA <input checked="" type="checkbox"/> LATERAL <input checked="" type="checkbox"/> DECLINED	
REPEAT TST GIVEN BY (ENTER CODE OF NURSE, NURSE, HOSPITAL, HEALTH CENTRE AND PRINT PROVIDER NAME)					
test #		DATE GIVEN (YYYYMMDD)		DATE READ (YYYYMMDD)	SIZE OF INDURATION 45 MM
LOT #		18 OCT 2022		18 OCT 2022	test <input type="checkbox"/> negative <input type="checkbox"/> positive
FOLLOW-UP RECOMMENDATIONS					
<input checked="" type="checkbox"/> NO FURTHER TESTING		<input type="checkbox"/> SPUTUM FOR AFB		<input checked="" type="checkbox"/> CXR, TYPE <input checked="" type="checkbox"/> PA <input checked="" type="checkbox"/> LATERAL <input checked="" type="checkbox"/> DECLINED	
HISTORY OF IGRA TEST?					
<input checked="" type="checkbox"/> QFT <input type="checkbox"/> T-SPOT		<input type="checkbox"/> NO		RESULT OF IGRA? <input type="checkbox"/> NON-REACTIVE <input type="checkbox"/> REACTIVE	
ADDITIONAL COMMENTS:		DATE (YYYYMMDD)		LOCATION	
		18 OCT 2022			
PART 3: TB SERVICES COMPLETES - RADIOLOGY RESULTS					
LOCATION OF CXR test		DATE OF CXR: 18 OCT 2022		CXR ON <input checked="" type="checkbox"/> CARE CONNECT <input checked="" type="checkbox"/> E-FILM <input type="checkbox"/> SECURE DRIVE <input type="checkbox"/> WCM/ OR <input type="checkbox"/> REPORT ONLY	
PART 4: TB SERVICES COMPLETES - RECOMMENDATIONS					
<input type="checkbox"/> NO EVIDENCE OF ACTIVE TB		<input type="checkbox"/> REPEAT TST		CLINIC APPOINTMENT	
<input checked="" type="checkbox"/> SEE REPORT		<input type="checkbox"/> IGRA		<input checked="" type="checkbox"/> LTB OFFER	
<input type="checkbox"/> TB LETTER (SPECIFY)		<input type="checkbox"/> OTHER (SPECIFY)		DATE & SIGNATURE	
				24 OCT 2022	

The information collected on this form is used by the BC Centre for Disease Control to deliver Provincial TB Services. It is collected under the authority of British Columbia's Public Health Act. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act.

TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis



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Appendix 3: IGRA Lab Requisition in PROMIS

1. Please complete fields highlighted in yellow (unless already pre-populated with correct information).
2. TB IGRA Testing Criteria: CKD direct transplant



Public Health Laboratory
655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Zoonotic Diseases & Emerging
Pathogens Requisition



FOR BCCDC TB SERVICES USE ONLY

Section 1 - Patient Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)			LABORATORY USE ONLY	
PERSONAL HEALTH NUMBER (or out-of-province Health Number and province)	DOB (DD/MM/YYYY) 27/JAN/1953	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> UNK		DATE RECEIVED
PATIENT SURNAME CHEN	PATIENT FIRST AND MIDDLE NAME MAGDALENE			OUTBREAK ID
ADDRESS 123 MAIN	CITY VANCOUVER	POSTAL CODE V6Z1Y6	SAMPLE REF. NO.	
Section 2 - Healthcare Provider Information			DATE COLLECTED (DD/MM/YYYY)	
ORDERING PRACTITIONER (Provide MSC#) Name and address of report delivery ADAMS, AGNES(8672), 123 Main, Vancouver, BC, V5G2X6		ADDITIONAL COPIES TO PRACTITIONER/CLINIC: (Name, Address/MSCA/PHSA Client) (Limit of 3 copies available)		
<input checked="" type="checkbox"/> Approved by Provincial TB Services <input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum If Locum, include name of Practitioner you are covering for		1. PROMIS 2. BCCDC TB SERVICES 3. DR VICTORIA COOK		
Section 3 - Test(s) Requested			TIME COLLECTED (HH:MM)	
VIRUSES <input type="checkbox"/> Chikungunya Virus Antibody <input type="checkbox"/> Dengue Virus Antibody <input type="checkbox"/> Hanta Virus Antibody for hemorrhagic cases consultation required <input type="checkbox"/> West Nile Virus Antibody <input type="checkbox"/> Zika Virus Antibody and PCR Submit 1 gold top and 1 EDTA blood tube <input type="checkbox"/> Other, specify: _____ Travel / Clinical History Required for Above Tests: (Indicate prenatal status for Zika virus): _____ Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Insect bite: _____ <input type="checkbox"/> Skin rash: _____ Type/Location: _____ <input type="checkbox"/> Neurological <input type="checkbox"/> Other, specify: _____	BACTERIA <input type="checkbox"/> Anti-Streptolysin O (ASO) <input type="checkbox"/> Bartonella henselae <input type="checkbox"/> Antibody <input type="checkbox"/> PCR <input type="checkbox"/> Borrelia burgdorferi (Lyme disease) <input type="checkbox"/> Antibody <input type="checkbox"/> PCR <input type="checkbox"/> Borrelia hermslii Antibody <input type="checkbox"/> Brucella abortus Antibody <input type="checkbox"/> Coxiella burnetii (Q-fever) Antibody <input type="checkbox"/> Diphtheria Antitoxin <input type="checkbox"/> Francisella tularensis Antibody <input type="checkbox"/> Helicobacter pylori Antigen (Feces) <input type="checkbox"/> Legionella sp. Urine Antigen <input type="checkbox"/> Leptospira spp. <input type="checkbox"/> Antibody <input type="checkbox"/> PCR <input type="checkbox"/> Rickettsia rickettsii Antibody (Rocky Mountain Spotted Fever) <input checked="" type="checkbox"/> TB Interferon Gamma Release Assay* <input checked="" type="checkbox"/> QFT Gold Plus <input type="checkbox"/> T Spot <input type="checkbox"/> Tetanus Antitoxin	PARASITES <input type="checkbox"/> Echinococcus spp. Antibody <input type="checkbox"/> Entamoeba histolytica (Amoebiasis) Antibody <input type="checkbox"/> Schistosoma spp. Antibody <input type="checkbox"/> Strongyloides spp. Antibody Travel History Required for Above Tests: <input type="checkbox"/> Travel within past 12 months, specify: _____ <input type="checkbox"/> Leishmania spp. Antibody <input type="checkbox"/> Toxoplasma gondii Antibody <input type="checkbox"/> Immune status IgG <input type="checkbox"/> Acute Infection IgM <input type="checkbox"/> Trichinella spp. Antibody <input type="checkbox"/> Trypanosoma cruzi (American trypanosomiasis) Antibody <input type="checkbox"/> Other, specify: _____		
SYPHILIS <input type="checkbox"/> VDRL (CSF sample only) Submit 1 mL CSF in sterile leak-proof tube <input type="checkbox"/> Treponema pallidum Nucleic Acid Testing* Submit exudate, tissue or body fluid <input type="checkbox"/> Darkfield (DF) Microscopy Source of sample: _____ <input type="checkbox"/> Direct Fluorescent Assay (DFA) Microscopy Source of sample: _____ Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Rash <input type="checkbox"/> Other, specify: _____	FUNGI <input type="checkbox"/> Blastomyces dermatidis Antibody <input type="checkbox"/> Coccidioides sp. Antibody <input type="checkbox"/> Cryptococcus neoformans Antigen <input type="checkbox"/> Histoplasma sp. Antibody <input type="checkbox"/> Other, specify: _____ Travel History Required for Above Tests: <input type="checkbox"/> Travel within past 12 months, specify: _____	*TB IGRA TESTING CRITERIA <input type="checkbox"/> 1. TST negative, immunocompromised <input type="checkbox"/> 2. TST positive, BCG positive <input type="checkbox"/> 3. TST positive, Indigenous / Foreign born <input type="checkbox"/> 4. Dialysis patient <input type="checkbox"/> 5. CKD direct transplant <input type="checkbox"/> 6. SOT and L/BMT patient For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx		

For information on sample collection, please call Zoonotic Diseases & Emerging Pathogens Lab at (604) 707-2628

Form DCZP_100_0002F Version 3 07/2022

TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis



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Appendix 4: Chest X-Ray Requisition in PROMIS

Please complete fields highlighted in **yellow** (unless already pre-populated with correct information).

MSP billing number: 99996



Chest X-Ray Requisition

Patient Information		Date
Name: <u>CHEN, MAGDALENE</u>	DOB: <u>27-JAN-1953</u>	<u>02-NOV-2022</u>
PHN: <u>9870983905</u>	Phone: <u>250-585-8506</u>	Ordering Physician: <u>ADAMS, AGNES - 8672</u>
Address: <u>123 MAIN, VANCOUVER, BC, V6Z1Y8</u>		<u>Vancouver Hospital And H.S.C.</u>
		Hemodialysis Unit
		Additional Copies to: <u>BCCDC TB Services, Dr Victoria Cook</u>

Chest X-Ray Exam Reason	
<input checked="" type="checkbox"/> Exam Requested: Chest	
<input checked="" type="checkbox"/> Posterior anterior (PA)	<input type="checkbox"/> Lateral
<input type="checkbox"/> Other, Specify: _____	
<input checked="" type="checkbox"/> Exam Reason:	
<input type="checkbox"/> TB Contact	
<input checked="" type="checkbox"/> TB Screening	
<input type="checkbox"/> Rule Out Active TB	
<input type="checkbox"/> Symptoms	
<input type="checkbox"/> Repeat CXR	
<input type="checkbox"/> On Treatment	<input type="checkbox"/> End of Treatment
<input type="checkbox"/> Active	<input type="checkbox"/> Active
<input type="checkbox"/> Latent	<input type="checkbox"/> Latent
<input type="checkbox"/> Surveillance	
<input type="checkbox"/> Immigration	
<input type="checkbox"/> Other, Specify: _____	
Respiratory Precautions Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO

For Radiology Use Only

BC CENTRE FOR DISEASE CONTROL TUBERCULOSIS SERVICES

655 West 12th Avenue
Vancouver, BC
V6Z 4R4

IF PHN NOT VALID

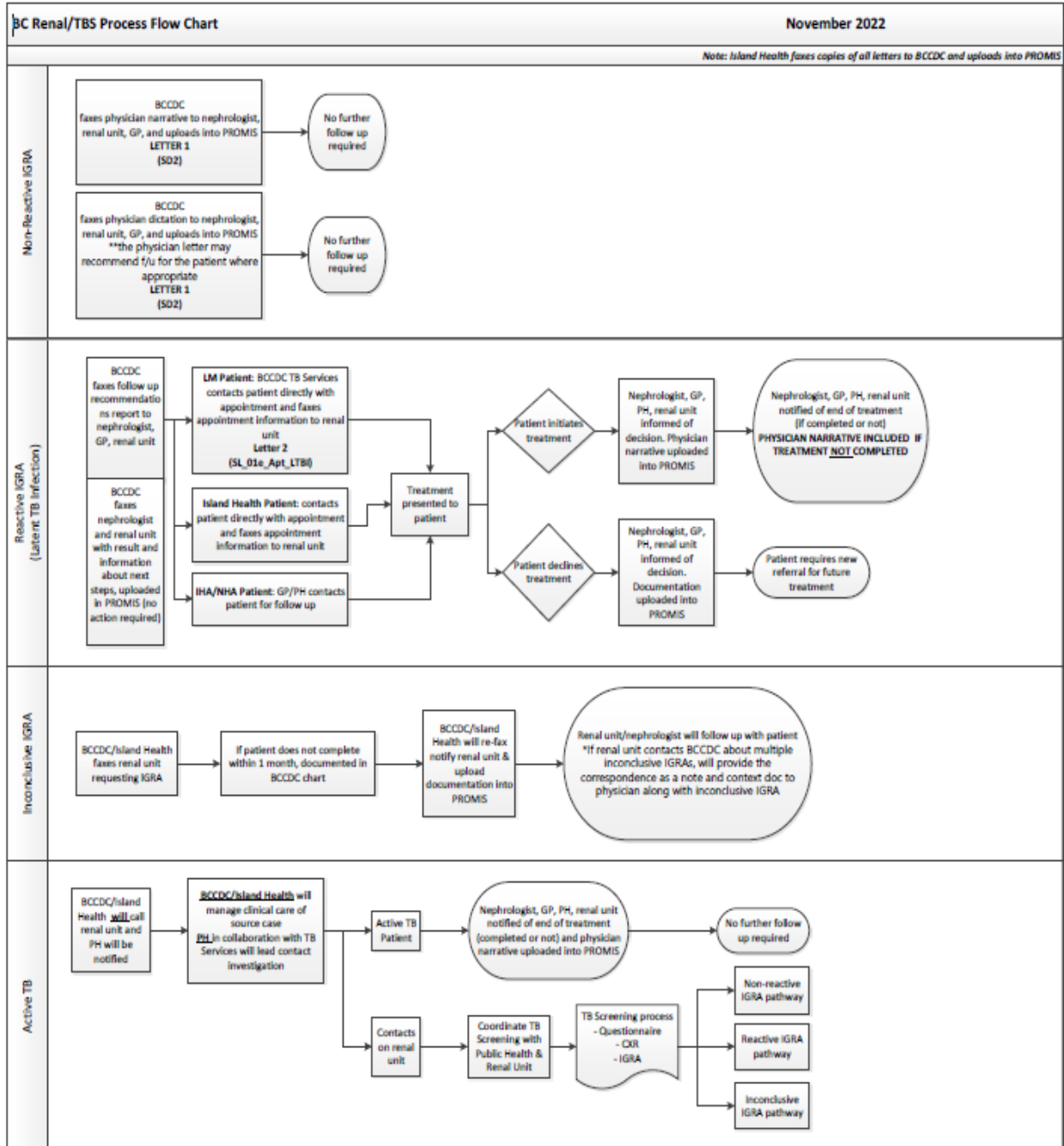
- Bill Client
- Invoice TB Services



TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis

WORKING COPY Jan 20, 2024

Appendix 5: Distribution of Reports/Letters & Follow-Up of Results



Incidental findings: When the ordering provider is from TBS and the chest x-ray has abnormal findings non-related to TB. The physician narrative is completed and a copy of the chest x-ray report will be forwarded to the GP for clinical follow up and nephrologist for clinical context.

Appendix 6: Samples of Follow-Up Reports/Letters

Letter 1: Non-Reactive IGRA Results



TB Screening for this patient was completed.

From the information provided, there is no evidence of TB exposure, infection or disease.

This patient is cleared for TB screening purposes. If the TB Screening Form was initiated prior to immune-suppressing treatments or transplant, these treatments may proceed without delay. Please note that IGRA screening is not required if changing to a new biological product, if changing dose or if adding supplementary agents.

Further testing or treatment for TB infection is not recommended at this time. Reassessment would be in accordance with disease specific protocols, if symptoms develop or at the discretion of a physician.

Letter 1 (SD2)

TB Screening & Follow-Up: Kidney Care Clinic Patients Not on Dialysis



WORKING COPY Jan 20, 2024

Letter 2: Reactive IGRA Results (Latent TB Infection)

This letter applies to Lower Mainland patients only.

 BC Centre for Disease Control <small>Provincial Health Services Authority</small>	Clinical Prevention Services Provincial Tuberculosis Services	
	Vancouver 655 West 12 th Avenue Vancouver, B.C. Canada, V6Z 4R4 Tel #: (604) 707-2692 Fax #: (604) 707-2690	New Westminster #100 – 237 East Columbia Street New Westminster, B.C. Canada, V3L 3W4 Tel #: (604) 707-2698 Fax #: (604) 707-2694

Month Day, Year

Attn Pt Full Name
c/o Pt Address

Re Appointment

Dear Pt First Name:

Screening tests show that you *may* have sleeping or dormant TB germs in your body. This is called latent TB infection (LTBI). We'd like to talk to you about options for keeping you healthy.

To learn more, please read the LTBI fact sheet (enclosed) and watch the TB germ video www.bccdc.ca/TBVideos (available in English, Korean, Mandarin, Punjabi, Tagalog and Vietnamese).

Your appointment is on **Appt Date** at **Appt Time**.

NEW WESTMINSTER TB CLINIC
100 237 EAST COLUMBIA
NEW WESTMINSTER, BC V3L 3W4
(604) 707-2698

Please note that this appointment is by:

- Video
- Telephone (Please call our clinic to confirm your phone number before your appointment)
- In person (Please come 15 minutes early to check-in)

If you would like to talk to us another time, please call us at the number above.

Sincerely,
TB Services

Provincial TB Services, Clinical Prevention Services
BC Centre for Disease Control

SL1e

To learn more about tuberculosis (TB), please watch the TB germ video www.bccdc.ca/TBVideos (available in English, Korean, Mandarin, Punjabi, Tagalog and Vietnamese).



A research and teaching centre affiliated with UBC