REQUEST FOR ACTIVE TB MEDICATIONS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 61293 (8-2017)

Demographics:

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

Testing and Site of Disease:

Tuberculin Skin Test (TST): ☐ Positive ☐ Negative ☐ Not Performed ☐ Documented Prior Positive	Date Test Performed:	Induration in mm:
IGRA: ☐ Positive ☐ Negative ☐ Not Performed ☐ Documented Prior Positive	Date Test Performed:	Test Value:
HIV Test: ☐ Positive ☐ Negative ☐ Not Performed ☐ Refused		Date Test Performed:
Chest X-ray: Date Performed: ☐ Normal ☐ Abnormal ☐ Not Done Evidence of Cavity? ☐ Yes ☐ No Evidence of Military TB? ☐ Yes ☐ No ☐ Pulmonary ☐ Extra-pulmonary ☐ Both	CT Scan: ☐ Normal ☐ Abnormal ☐ Not Done Evidence of Cavity? ☐ Yes ☐ No Evidence of Military TB? ☐ Yes ☐ No	
Previous Diagnosis of TB Disease (not LTBI): ☐ No ☐ Yes If yes, year:		

Symptoms:

☐ Cough Lasting Three Weeks or More, Onset Date: _____ ☐ Chest Pain ☐ Hemoptysis
☐ Fever/Chills ☐ Night Sweats ☐ Unintentional Weight Loss ☐ Fatigue ☐ Loss of Appetite

Primary Reason for Testing:

☐ TB Symptoms ☐ Abnormal CXR ☐ Contact Investigation ☐ Immigrant/Refugee Exam
☐ Incidental Lab

North Dakota Department of Health HIV·STD·TB VIRAL HEPATITIS PROGRAM

For more information, visit www.ndhealth.gov/tb

or call 701.328.2378 or 800.472.2180.

NORTH DAKOTA DEPARTMENT of HEALTH

Risk Factors:

☐ From a High-Prevalence County ☐ Refugee ☐ Immigrant ☐ Correctional Facility Inmate ☐ Foreign-Born Student ☐ Employee Screening ☐ Nursing Home Resident ☐ Recent Contact to a Known Infectious Active TB Case	☐ Homelessness ☐ HIV ☐ Organ Transplant ☐ Diabetes Mellitus ☐ Immunosuppression ☐ Rheumatoid Arthritis ☐ Other, Please Specify:

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

Medication	Dose/mg	Frequency	Duration
Isoniazid			
B6*			
Rifampin			
Ethambutol			
Pyrazinamide			
Moxifloxacin			
Other, Specify:			

*The CDC treatment guidelines state Vitamin B6 is clinically indicated while taking INH to prevent peripheral neuropathy in some patients. ☐ Diabetes ☐ Malnutrition ☐ Seizure Disorder ☐ Renal Failure ☐ Alcoholism ☐ Pregnancy ☐ Breastfeeding ☐ HIV

Provider Information:

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

Prescription Coverage Information: (Medications will be billed to the patients insurance; however, NDDoH will cover the remaining out-of-pocket costs. Patients utilizing this program will not have a financial responsibility for medications.)

Rx Coverage Carrier:	Carrier's Telephone Number on Card:	
Policy/ID/Member Number:	Rx Group Number:	Rx Bin Number:
Card Holder Name:		
☐ Self ☐ Spouse ☐ Dependent ☐ Patient Does Not Have Prescription Coverage		
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)

Local Public Health Unit:

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

- Complete *Request for Active TB 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
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: 701.852.1376

Grand Forks County: Fax No. 701.787.8145
Grand Forks Public Health
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
TB Program
500 East Front Avenue
P.O. Box 5503
Bismarck, ND 58506
Telephone: 701.355.1540

For All Other Counties: Fax No. 701.328.2499
N.D. Department of Health
2635 East Main Avenue
P.O. Box 2635
Bismarck, ND 58506
Telephone: 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 date request is received (Monday-Friday).
- Local public health will monitor the patient for adverse drug effects, signs/symptoms of active TB and adherence.
- Review the *Request for Active TB Medications* form for completeness.
- Fax completed form, copy of CXR report and copy of insurance information 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.