



*Mycobacterium tuberculosis* complex  
Nucleic Acid Amplification (NAA) Test Requisition

Katherine A. Kelley State Public Health Laboratory  
395 West Street, Rocky Hill, CT 06067

For each clinical respiratory specimen where NAA testing is requested, complete this form, along with a Clinical Test Requisition, when submitting the specimen to the laboratory. Routine mycobacteria smear & culture will also be performed.

**NAA testing will automatically be done** on the first patient specimen submitted for routine mycobacteria smear & culture found to be **Acid-fast Bacilli (AFB) smear positive** by the CTDPH laboratory (the *M. tuberculosis* complex NAA Test Requisition is not required).

NAA Testing should **NOT** be ordered:

- When clinical suspicion is low (the positive predictive value of the test, the likelihood that the patient has tuberculosis when the test is positive, is low in such cases).
- To determine bacteriologic cure or to monitor response to antituberculous therapy

**CTDPH TB Laboratory** (Ph: 860-920-6649 / Fax: 860-920-6721)

**CTDPH TB Control Program** (860-509-7722)

**Submission Requirements**

- Clinical respiratory specimens (raw unprocessed): sputum, BAL, bronchial wash
- Patient has received no antituberculosis therapy, or less than three days of therapy at specimen collection.
- Specimens must be received by the laboratory within 10 days of collection.
- Test requests must be received within 7 calendar days of specimen receipt in the laboratory

**Submitter Information**

Authorized Submitter's Name: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_

Patient /Specimen ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Specimen Information**

Type / Source:    Sputum       Bronchoalveolar Lavage (BAL)       Bronchial Wash

Date Collected: \_\_\_\_\_ Other Information \_\_\_\_\_