

Acid-Fast Bacilli Stain Report Form		Survey no.
Laboratory Name:		Laboratory no:
Name (please print):	Date Received:	Date Reported:
Instructions		
<ol style="list-style-type: none"> Please ensure that the package you received contains 3 slides 1, 2, and 3 for Acid-Fast Stain testing. <i>If your package does not contain 3 slides, contact CMPT as soon as possible.</i> Each slide has already been heat-fixed and is ready to stain. Please do not apply additional heat fixation or alcohol fix the slides. Please process the samples as soon as possible and report the results before the due date (see cover letter). If you are unable to stain the slides upon reception, please ensure the slides are stored at 4°C until you are ready stain. Process the slides as per your normal laboratory protocol for acid-fast bacilli staining. Indicate below if the bacteria on the slide is negative or positive or indeterminate for acid-fast bacilli If you have any questions or require clarification, please contact CMPT. <p>Please submit results by e-mail (cmpt.path@ubc.ca) or by fax (1-866-580-2678 or 604-827-1338) by the due date (see the cover letter). A final result letter will be sent to you within a week after the due date.</p>		
Specimen no.	AFB Results	Method (s): please specify
1	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	
2	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	
3	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	
Comments/Additional Information: (if applicable)		