

**New Jersey Department of Health
Tuberculosis Program
PO Box 363
Trenton, NJ 08625-0363**

**INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF THE
TUBERCULOSIS (TB) TESTING SURVEY RESULTS (TB-43) FORM**

1. **PURPOSE:** to record the results of tuberculosis testing conducted for routine surveillance and other purposes.

NOTE: The testing results of all close contacts should be excluded from this form. Such information should be reported on the "Record of Contact Interview" (TB-41) form.

2. Explanation of sections on the form:

- a. **Name of Agency:** Indicate the name and address of the agency
- b. **Address:** performing the testing and reading the Mantoux tests.
- c. **County:**
- d. **Date(s) of Testing:** Self-explanatory
- e. **Group Tested:** List the name of the group tested (Note: if the name of the group is the same as the name of the agency listed above, indicate "same as above".
- f. **Category Tested:** Check either employees, clients or "other" group (specify the group tested on the line after the "other" box).
- g. **Type of Program:** Indicate initial, annual or "other" (specify the type of program on the line after the "other" box).

NOTE: In facilities in which clients and employees are required to be tested initially and annually, do not mix the testing of employees and clients on the same form. Separate forms must be used to record the results of employee, initial testing; employee, annual testing; client, initial testing and client, annual testing.

- h. **Type of Test Used:** Self-explanatory.
- i. **Total Tested:** Self-explanatory.
- j. **TB Testing Results** include the:
 - 1) Number tested and read by age group
 - 2) Number of positive reactors by age group (see criteria for interpreting Mantoux tests at the bottom of the form).
 - 3) X-ray results- there must be an entry in this section for each individual with a positive tuberculin test result: compatible with TB, not compatible with TB, or not done. Thus, the number of entries on each line cannot exceed the number of those with significant reactions in each age group.
 - 4) Number of positive reactors prescribed INH - indicate the number placed on preventive therapy with Isoniazid (INH). Thus, the number of entries in this column cannot exceed the number of those with positive reactions in each age group.

NOTE: The name of those with positive reactions and their examination results (including the prescription of INH) must be indicated on the back of the form.

- k. **Prepared By:** Self-explanatory
- l. **Telephone Number:** Self-explanatory