



## REFERRAL FORM:

### Tuberculin Skin Test (TST) at Lambton Public Health

Provider's Name: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

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

#### REASON FOR TST REFERRAL:

☐ Pre-Biologic      ☐ Steroids      ☐ Other: \_\_\_\_\_

TB signs and symptoms (specify, if any). If none, please state 'None' below:

\_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB (yyyy/mm/dd): \_\_\_\_\_

HC#: \_\_\_\_\_ Phone: \_\_\_\_\_

#### NOTE:

TST and Interferon-Gamma Release Assays (IGRAs) are **NOT** recommended for the diagnosis of active TB disease.

**IF YOU SUSPECT ACTIVE TB DISEASE**

**CONTACT LAMBTON PUBLIC HEALTH**

**Telephone: 519-383-8331**

**Fax: 519-383-7092**

Diseases of public health significance, **whether suspected or confirmed**, must be **reported** to the Medical Officer of Health by telephone or fax, under the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7 (list [linked here](#); those with an asterisk (\*) require immediate Public Health follow-up, per the HPPA, O. Reg. 135/18, O/ Reg. 569)