Texas Department of State Health Services
Health Record
Bacteriology TB Control

Name: _____ **Date of Birth:** _____ **Client No:** _____

Genotype Cluster _____ **Spoliogotype** _____ **MIRU** _____

Specimen			Results			Drug Susceptibility Studies										
Date	Source	Lab No	Smear*	Tent ID	Final ID	INH	EMB	RIF	SM	PZA	ETH	KM	CAP	RBT	OF	Other

*Include Colony Counts

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TEXAS Department of State Health Services