



Tuberculosis and Refugee Health Services Branch Train the Trainer TB Phlebotomy Class Request

Training Goal: The goal of the trainings is to enhance regional and local tuberculosis (TB) programs' capacity to collect blood specimens for TB screening.

Training Requestor

Health Department: _____ Request Date: _____

Address: _____

Contact Name: _____

Contact Title: _____ Phone Number: _____

Tentative Training Dates

Provide tentative dates for training(s) at your location:

Option 1 Date: _____

Option 2 Date: _____

Option 3 Date: _____

Designated Trainee(s)

Identify designated trainee(s) with training skills who may become a designated trainer. If needed, use the comment section to add additional names.

Designated trainee # 1: _____

Designated trainee # 2: _____

Training Resources

Select the resources available for training at your location:

Room Capacity: _____

Room must accommodate at least 15 participants.

Resources available in the room:

- *Podium Screen Projector Computer Internet connection
Biohazard Container Tables Chairs

**This resource is optional, all others are required.*

Comments: