

# CureTB Transnational Notification

Centers for Disease Control and Prevention  
Division of Global Migration and Quarantine  
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<sup>1</sup>Referring Jurisdiction: \_\_\_\_\_ <sup>1</sup>Date sent: \_\_\_\_\_

City County State

<sup>1</sup>Contact person: \_\_\_\_\_ <sup>1</sup>Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Verified TB:  RVCT#: \_\_\_\_\_ or  Not reported  ICE A# \_\_\_\_\_  BOP# \_\_\_\_\_  
 Suspected TB  Clinical History request (specify year): \_\_\_\_\_  Immunocompromised (specify): \_\_\_\_\_

**Patient**

<sup>1</sup>Name: \_\_\_\_\_ Sex:  M  F  
Paternal Maternal First Middle

Alias: \_\_\_\_\_ DOB: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check if patient/parent not currently at home. Current location: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Info. in U.S.**

Number Street Apt City  
County State Zip code Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact person in the U.S.: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Destination Country**

Number Street Apt City  
County State Zip code Country: \_\_\_\_\_

Contact person at destination: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Clinical Information**

Information for:  this referred patient  Other, specify: \_\_\_\_\_  
Site (s) of disease:  Pulmonary  Other (s) specify: \_\_\_\_\_  
 HIV  Diabetes  No Symptoms  Symptoms, specify: \_\_\_\_\_

<sup>2</sup> Date of collection	<sup>2</sup> Specimen type	<sup>2</sup> Smear	Culture	Susceptibility	Date	<sup>2</sup> Imaging

Other tests (specify): \_\_\_\_\_

For:  this referred patient  Not started

Medication	Drug	Dose	Start date	Stop date

Expected move date: \_\_\_\_\_  
Patient given \_\_\_\_\_ days of medication.

**Comments:**