



CureTB Transnational Notification

Division of Global Migration Health | E-mail: curetb@cdc.gov | Telephone: 619-542-4013
Web address: www.cdc.gov/cureTB

OMB APPROVED CONTROL
NO 0920-1186
EXP DATE: 2/29/2024

¹Referring Jurisdiction: _____ City _____ County _____ State _____ Date sent: _____

Contact person: _____ Telephone: _____ Ext: _____ Fax: _____

Referring Agency: _____ E-Mail Address: _____

Verified TB: RVCT: _____ or Not reported
Year Reported State (9 digits/letters)

ICE A#: _____ BOP#: _____

Suspected TB Clinical History request (specify year): _____ Immunocompromised (specify): _____

A. Patient

¹Name: _____ Paternal _____ Maternal _____

_____ First _____ Middle _____

Sex: M F Alias: _____ DOB: _____

Email 1: _____ Email 2: _____

Check if patient/parent not currently at home. Current location: _____ Telephone: _____

B. Info in U.S.

Address: _____ Street _____ Apt _____ City _____

_____ County _____ State _____ Zip code _____ Home Phone: _____ Cell: _____

Contact person in the U.S.

Name: _____ Home Phone: _____ Cell: _____

Relationship: _____ Email: _____

C. Destination Country

Address: _____ Street _____

_____ Apt _____ City _____ County _____

_____ State _____ Zip code _____ Country _____

Contact person at destination

Name: _____ Home Phone: _____ Cell: _____

Relationship: _____ Email: _____

D. Clinical Information

Information for: this referred patient Other, specify: _____

Site(s) of disease: Pulmonary Other(s), specify: _____

HIV Diabetes No Symptoms Symptoms, specify: _____

¹ Fields required to initiate the referral process
² Please send imaging and laboratory reports as attachments
³ Please attach additional information, as needed
⁴ Please contact us via phone to confirm your referral was received

CS347315-A 02/01/2024

