

NATIONAL INSTITUTE OF COMMUNICABLE DISEASES
22-SHAMNATH MARG, DELHI-110054

TUBERCULOSIS LABORATORY

MICROBIOLOGY DIVISION

Phone: 3971272
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Ext. 618, 615.

PERFORMA FOR REQUISITION TUBERCULAR SEROLOGY

Name of patient _____ Age _____ Sex _____ M/F

Address _____

Provisional diagnosis _____

Brief Clinical history _____

Investigations already performed

Results

Sputum AFB
Mx test
ESR
X-ray test
Others

Investigations required:

Signature
Incharge

Note: Kindly send 2ml to 3ml blood in a plain vial.
Collection time – 10.00 a.m. to 1.30 p.m.
SATURDAY CLOSED.