REQUEST FOR LATENT TB INFECTION (LTBI) MEDICATIONS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 61294 (12-2025)

Demographics:

First Name:	Last Name:		Date of Birth:	
Street Address:	City:	State:	ZIP Code:	Telephone Number:
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Refused			Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Refused	
Gender: ☐ Male ☐ Female	Pregnancy Status: ☐ Pregnant ☐ Not Pregnant ☐ N/A		Country of Birth:	
Drug Allergies: ☐ Yes ☐ No	If Yes, Specify:			
Current Prescriptions/Non-Prescription Drugs: ☐ Yes ☐ No	If Yes, Specify:			

Testing Information:

Tuberculin Skin Test (TST): ☐ Positive ☐ Negative ☐ Not Performed ☐ Documented Prior Positive	Date Test Performed:	Induration in mm:
IGRA: ☐ Positive ☐ Negative ☐ Not Performed ☐ Documented Prior Positive	Date Test Performed:	Test Value:
Chest X-ray: Date Performed: ☐ Normal ☐ Abnormal but Not Consistent with Active TB ☐ Abnormal Consistent with Active TB **If Yes, Has Active TB Been Ruled Out?** ☐ Yes ☐ No		**To prevent drug-resistant TB, LTBI treatment must not be started until active TB disease is ruled out.**
HIV Test: ☐ Positive ☐ Negative ☐ Not Performed ☐ Refused		Date HIV Test Performed:
The standard of care requires CXRs to be performed within 6 months of treatment initiation for most patients and within 3 months for high-risk patients such as young children, a contact to an active TB case, new converter, immunocompromised, prior abnormal CXR, or those with other risk factors.		

Indication for TB Screening (please check all that apply):

☐ From a High-Prevalence Country	☐ HIV
☐ Refugee	☐ Organ Transplant
☐ Immigrant	☐ Diabetes Mellitus
☐ Correctional Facility Inmate	☐ Immunosuppression
☐ Foreign-Born Student	☐ Rheumatoid Arthritis
☐ Employee Screening	☐ Other, Please Specify:
☐ Nursing Home Resident	
☐ Homelessness	
☐ Recent Contact to a Known Infectious Active TB Case	

Medication Request: If patient resides in Cass County, e-scribe prescriptions to The Medicine Shoppe on 45th (4476 31st Ave S Suite 105, Fargo, ND 58104; store #2133). For residents of all other North Dakota counties, e-scribe prescriptions to Center for Family Medicine Pharmacy - Bismarck (also listed as Bismarck CFM Pharmacy).

Medication	Dose/mg	Frequency	Duration
Rifampin (RIF)			
Isoniazid (INH)*			
Vitamin B6 (Pyridoxine)**			
Isoniazid (INH)* and Rifampin (RIF)			
Weight: ☐ lb. ☐ kg	Weight required for patients that are being dosed at less than the maximum per CDC guidelines		

*Although efficacious, treatment regimen of daily isoniazid has higher toxicity risk as compared to short-course rifamycin-based treatment regimens.

**The CDC treatment guidelines state vitamin B6 is clinically indicated while taking INH to prevent peripheral neuropathy in some patients. ☐ Diabetes ☐ Malnutrition ☐ Seizure Disorder ☐ Renal Failure
☐ Pregnancy ☐ Breastfeeding ☐ Alcoholism ☐ HIV

Provider Information:

Provider Name:	Office Telephone Number:	
Facility/Clinic Name:	Office Fax Number:	
Facility/Clinic Address:		
City:	State:	ZIP Code:

Prescription Coverage Information: (Medications Are Provided at **NO COST** to the Patient)

☐ Patient Does Not Have Prescription Coverage

Rx Coverage Carrier:	Carrier's Telephone Number on Card:	
Policy/ID/Member Number:	Rx Group Number:	Rx Bin Number:
Card Holder Name: ☐ Self ☐ Spouse ☐ Dependent		
To maximize available funding, NDHHS will bill insurance and pay co-pays. Please notify NDHHS of any changes in coverage. **Attach a readable photocopy (both sides) of insurance card or fill in insurance information above.**		

Ship Medications to: (Must Be a Healthcare Provider Licensed to Administer Medications)

☐ Local Public Health Unit (preferred) ☐ Same as Provider
Local Public Health Unit:

Instructions: (Information Required to Process Request for LTBI Medications)

- Completed *Request for LTBI Medications*
- Copy of chest X-ray report, QuantiFERON or T-SPOT.TB laboratory report, and office visit notes
- Copy of insurance card (front and back) or complete insurance information on Page 2
- Send e-script to The Medicine Shoppe on 45th for Cass County residents or Center for Family Medicine Pharmacy – Bismarck for residents of all other North Dakota counties. If unable to e-scribe, please fax a copy of the **signed** prescriptions to the Local Public Health Offices listed below.

Fax Forms to Local Public Health Offices at:

Cass County: Fax No. 701.298.6929
Fargo Cass Public Health
TB Program
1240 25th Street S.
Fargo, ND 58103
Telephone Number: 701.241.1360

Ward County: Fax No. 701.852.2103
First District Health Unit
TB Program
801 11th Ave. S.W.
P.O. Box 1268
Minot, ND 58701
Telephone Number: 701.852.1376

Grand Forks County: Fax No. 701.787.8145
Grand Forks Public Health
TB Program
151 S. 4th Street
Suite N301
Grand Forks, ND 58201
Telephone Number: 701.787.8100

Burleigh County: Fax No. 701.221.6883
Bismarck-Burleigh Public Health
TB Program
407 S. 26th St.
Bismarck, ND 58504
Telephone Number: 701.355.1540

For All Other Counties: Fax No. 701.328.2499
ND Department of Health and Human Services
Disease Control and Forensic Pathology
600 East Boulevard Ave., Dept 325
Bismarck, ND 58505
Telephone Number: 701.328.2378

Reminders:

- All medications will be shipped to the local public health unit indicated on the form unless prior arrangements are made. Medications will ship within 7 days.
- Local public health will monitor the patient for adverse drug effects, signs/symptoms of active TB and adherence. **LPH may also request additional information for care coordination purposes.**
- Review the *Request for LTBI Medications* form for completeness. Missing information will delay your request.

To request medications for active TB, complete the *Request for Active TB Medications* form and fax the form to the local public health unit where the patient is living. Call North Dakota Health and Human Services, TB Prevention and Control, at 701.328.2378 to report the case.