**Clinical Trial Specimen Analysis Request Form**

|  |  |
| --- | --- |
| **Applicant's Name** |  |
| **Affiliated Institution** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |
| **Detailed Request Content** |
| **Request Items** | ☐ Acid-fast bacilli smear test☐ Acid-fast bacilli solid culture and identification test☐ Acid-fast bacilli liquid culture and identification test☐ Mycobacterium tuberculosis drug susceptibility test☐ Non-TB mycobacteria drug susceptibility test☐ Non-TB mycobacteria species identification test☐ Rapid drug susceptibility test☐ Tuberculosis bacillus Real-time PCR test☐ Latent tuberculosis infection test☐ Other  |
| **Purpose** |  |
| **Specimen Type** |  |
| **Specimen Identification Information** |  |
| **Specimen Transportation Method** |  |
| We request clinical trial specimen analysis to the Korean Institute of Tuberculosis affiliated with the Korean Association of Tuberculosis and Respiratory Diseases.Date of Application: Applicant: (Signature)  |