**Clinical Trial Specimen Analysis Request Form**

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| **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) | |