University of Pittsburgh

TUBERCULIN (TB) SKIN TESTING

Due to occupational exposure to mycobacterium tuberculosis or non-human primates you may be at risk of getting tuberculosis. The purpose of tuberculin (TB) testing is to determine whether or not you have been exposed to tuberculosis. Early detection is essential in effective treatment of the disease.

The current technique of administration is the Mantoux test. This test involves injecting a solution of Purified Protein Derivative (PPD antigen) beneath the skin of the forearm and creating a wheal. The presence or absence of the wheal will be evaluated by a qualified clinician at Employee Health Services between 48 and 72 hours after test administration.

The following individuals should not be tuberculin (TB) skin tested:

- 1. Those who received the BCG vaccine within the past three years,
- 2. Those with a history of a positive reaction to a previous tuberculin skin test, a documented history of infection, or treatment for TB per CDC guidelines. These individuals must undergo re-evaluation every 6 months for evidence of active clinical disease, per CDC guidelines. The health care provider reviewing these individuals medical history will explain the frequency of re-evaluation.
- 3. Those with a history of infection with a positive skin reaction and without treatment. These individuals should be referred promptly to a UPMC Infectious Disease Physician for consultation as to treatment options.

The University of Pittsburgh will provide the PPD test to individuals enrolled in the University TB Program free of charge. The incidence of serious side effects from the testing is rare. A positive skin reaction may necessitate further evaluation, which may include a referral to a physician, a chest radiograph or treatment with medications.

March 2003

University of Pittsburgh

TUBERCULOSIS Program

NAME:

_____SOCIAL SECURITY # _____ - ____

TUBERCULIN (TB) SKIN TESTING ACCEPTANCE

The risks and benefits of receiving a PPD test and the risks of acquiring tuberculosis from a work exposure have been explained to me. I acknowledge that no guarantees have been made to me regarding the effectiveness of this testing or the absence of adverse reactions to the testing. I understand this information and have had all of my questions answered to my satisfaction. I understand that I will receive these services free of charge. I voluntarily give my consent to receive the TB skin testing.

Signature

Witness

Date

TUBERCULIN (TB) SKIN TESTING DECLINATION (REFUSAL)

I understand that due to my occupational exposure to non-human primates or other potentially infectious materials, I may be at risk of acquiring tuberculosis. I have been given the opportunity to be tested for tuberculosis at no charge to myself. However, I decline the testing at this time. I understand that by declining this test, I continue to be at risk of acquiring tuberculosis. Failure to be tested may result in my exclusion from areas housing or utilizing non-human primates, or from those projects that involve working with m. tuberculosis.

Signature	Witness	Date
FOR CLINIC USE ONLY		
Administered by:		
Date:		
Injection site:		
Expiration Date:		
Date Read:		
Result (positive/negative):		
Read by:		
Date:		