Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

	etive/Possible TB Contact Infection ry of state, big city and territor	Call receiving state or local jurisdiction within 1 business day and confirm information is received ory TB programs: www.tbcontrollers.org/community/	'statecityterritory/
	vorkflow for the secure transm	zed Standard for Communication of the IJN For hission of the IJN and additional guidance on completing and send www.tbcontrollers.org/resources/interjurisdict	ling the IJN Form and Follow-Up
	Name of Local Program:	City:	
Referring	County:	State:	
• Local Jurisdiction	Local Program Contact:	Phone:	Date sent to Referring State:
	Fax:	Email:	
	Check box above fo	or preferred document transmission.	
FOLL			
Referring	Name of Program:	Jurisdiction:	Date sent to
• State	Program Contact:	Phone:	Receiving State/ Big City/Territory:
Big CityTerritory	Fax:	Email:	
lomeory	Check box above for	or preferred document transmission.	
TIAL	<u> </u>		
FOLL	owi 		
Receiving	Name of Program:	Jurisdiction:	
• State	Program Contact:	Phone:	Date sent to Receiving Local:
Big CityTerritory	Fax:	Email:	
ļ.,,	Check box above fo	or preferred document transmission.	
TIAL	owi		
UF	Name of	City:	Follow-Up sent to:
Possiving	Local Program:		Receiving State/Big City
Receiving • Local	County: Local Program	State:	Referring State/Big City
Jurisdiction	Contact:	Phone:	Referring Local
	Fax:	Email:	Date Follow-Up sent:
1	Check box above for	or preferred document transmission.	



National Tuberculosis Controllers Association (NTCA)

National Tuberculosis Nurse Coalition (NTNC) Society for Epidemiology in TB Control (SETC)

www.tbcontrollers.org/resources/interjurisdictional-transfers