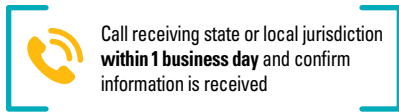


# Interjurisdictional TB Notification Cover Sheet

**Send with All Referrals/Follow-up**

- Type of Referral:
- Active/Possible TB
  - TB Contact
  - TB Infection

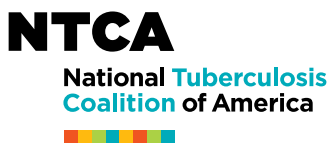


Online directory of state, big city and territory TB programs: [www.tbcontrollers.org/community/statecityterritory/](http://www.tbcontrollers.org/community/statecityterritory/)

## NTCA Recognized Standard for Communication of the IJN Form:

The recommended workflow for the secure transmission of the IJN and additional guidance on completing and sending the IJN Form and Follow-Up is provided in the IJN Companion Guide: [www.tbcontrollers.org/resources/interjurisdictional-transfers/](http://www.tbcontrollers.org/resources/interjurisdictional-transfers/)

<b>Referring</b> • Local Jurisdiction	Name of Local Program: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Local Program Contact: <input type="text"/> Phone: <input type="text"/> <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/> <i>Check box above for preferred document transmission.</i>	Date sent to Referring State: <input type="text"/>
<b>Referring</b> • State • Big City • Territory	Name of Program: <input type="text"/> Jurisdiction: <input type="text"/> Program Contact: <input type="text"/> Phone: <input type="text"/> <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/> <i>Check box above for preferred document transmission.</i>	Date sent to Receiving State/Big City/Territory: <input type="text"/>
<b>Receiving</b> • State • Big City • Territory	Name of Program: <input type="text"/> Jurisdiction: <input type="text"/> Program Contact: <input type="text"/> Phone: <input type="text"/> <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/> <i>Check box above for preferred document transmission.</i>	Date sent to Receiving Local: <input type="text"/>
<b>Receiving</b> • Local Jurisdiction	Name of Local Program: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Local Program Contact: <input type="text"/> Phone: <input type="text"/> <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/> <i>Check box above for preferred document transmission.</i>	Follow-Up sent to: <input type="checkbox"/> Receiving State/Big City <input type="checkbox"/> Referring State/Big City <input type="checkbox"/> Referring Local Date Follow-Up sent: <input type="text"/>



## National Tuberculosis Coalition of America (NTCA)

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

[www.tbcontrollers.org/resources/interjurisdictional-transfers](http://www.tbcontrollers.org/resources/interjurisdictional-transfers)