

## **MONTOUX FORM**

Control No. : ZCL-QMS4-083A Issue Date : 20<sup>th</sup> Jan-2018

**Revision No.: 00** 

	MONTOUX FO		S.# : Date :	
OPD/MR #		_	ACCI BELL	
Requesting Physician:		Physician Cont #		
Patient's Name:		S/o,D/o,W/o		
Patient's Contact #		Age	Sex	
M.T injected on (Date):		(Time):	(Time):	
M.T read on (Date):			(Time):	
If patient come after	discomfort at the test site may ter 72 hours test has been rep	peated.		
×	MONTOUX FO	ORM	S.#:	
OPD/MR #	IPR#		Date : DM #	
Requesting Physician:		_ Physician C	ont #	
Patient's Name:			S/o,D/o,W/o	
			Sex	
M.T injected on (Date):		(Time):		
M.T read on (Date):		(Time):	(Time):	

## PREACAOUTION FOR PATIENT:

- Instruct to patient avoid water, cloths, and rub the injected site up to two hours of administration of tuberculin.
- The test should be read after 48 and before 72 hours, after administration of the tuberculin.
- Pain pruritic and discomfort at the test site may also occur. No medicine use on it.
- If patient come after 72 hours test has been repeated.

Authorized by <u>Laboratory</u> <u>Director</u>	Controlled Document	Page 1 of 1
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