**\*Send on District Letterhead or Other Preferred Letterhead\***

**\*Send email with encryption\***

[Name of provider or office],

The Virginia Department of Health (VDH) received a report of a positive test for tuberculosis (TB) infection for the following patient:

* Patient Last Name, Patient First Name (DOB: xx/xx/xxxx)

A chest x-ray and symptom evaluation should be performed for anyone with a new positive test for TB infection to rule out active disease. Active tuberculosis and latent TB infection (LTBI) are both [reportable conditions in Virginia](https://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf) (Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-80 of the Board of Health Regulations for Disease Reporting and Control). If you have a patient who may have active TB disease, please contact our office at [phone number] immediately. To assist VDH in capturing complete and accurate surveillance information about LTBI, please complete as much of the attached form as possible and send it back with encryption to [email address] or by fax to [fax number].

Thank you for your assistance with providing additional information about this patient’s reportable condition.

Best,

[District Name]

[District Phone Number]

[District Fax Number]