CDHD TB Control receives Class B documents (e.g., visa exam, CXR) from patient, provider or WA State DOH. CDHD reviews and transmits materials to TB MC for review, interpretation, care planning, and identifies client’s PCP.

TB MC reviews visa exam and CXR. Conducts medical and disease control decision making.

PCP notified. Assesses /Orders:
- TB history
- TB symptoms
- Epidemiologic and medical risk factors for TB
- Risk factors for liver injury
- Medications
- General comments
- IGRA/TST and results thereof
- CXR and results thereof
- Sputum (if collection ordered)

Additional data needed for diagnosis. TB MC recommends testing, specifies additional questions to ask patient, and/or requests outside records as needed.

Additional TB-related evaluation warranted (e.g., TB history, CXR, IGRA, sputum) as recommended by TBMC.

PCP sends CDHD patient assessment data. Data forwarded to TB MC.

Diagnosis made and plan/orders written:
- Dismiss, or
- TB MC offers LTBI treatment per standing orders.
- CDHD completes Class B EDN Form.

TB MC reviews all data and conducts medical decision making.

Additional data needed for diagnosis:
- TB MC meets with and/or evaluates the patient in person (rare)
- Conducts/requests necessary evaluation and interprets results.

PCP Clinical Staff:
- Implements regimen per standing orders and any additional specific orders made for this patient
- Conducts routine consent, education, monthly clinical monitoring and labs (as appropriate)
- Notifies PCP per standing orders and/or per professional judgment regarding problems with adherence, tolerance, new/interacting medical problems, etc.