

CHEST X-RAY REQUISITION



BC Centre for Disease Control
Provincial Health Services Authority

Vancouver TB Clinic
655 West 12th Avenue
Vancouver, BC V5Z 4R4

New Westminister TB Clinic
100 – 237 Columbia Street E
New Westminister, BC V3L 3W4

www.bccdc.ca/our-services/our-clinics/tuberculosis

PATIENT NAME		
PERSONAL HEALTH NUMBER	PHONE NUMBER	DATE OF BIRTH (YYYY/MM/DD)
FULL ADDRESS		

AIRBORNE TB PRECAUTIONS REQUIRED YES NO

REFERRING PROVIDER INFORMATION			
DATE (YYYY/MM/DD)	REFERRING PROVIDER NAME/PRACTITIONER #	PHONE NUMBER	GENERIC PRACTITIONER #99996 (IF NO MSP PRACTITIONER # AVAILABLE)
ADDITIONAL COPIES TO:	BCCDC Provincial TB Services		
BILLING INSTRUCTIONS:	BILL MSP	IF MSP NOT ACTIVE, SEE BILLING INSTRUCTIONS ON PAGE 2 AND SELECT ONE:	
		BILL CLIENT	BILL TB SERVICES

REASON FOR CHEST X-RAY			
EXAM REASON	TB CONTACT	TB SCREENING	Rule out TB Disease (active TB) or symptomatic If symptomatic - obtain 3 sputa samples as per BCCDC TB Manual
	ON TREATMENT TB Disease (ACTIVE) TB Infection (LATENT)	END OF TREATMENT TB Disease (ACTIVE) TB Infection (LATENT)	SURVEILLANCE IMMIGRATION OTHER, SPECIFY:
EXAM REQUESTED: CHEST X-RAY	POSTERIOR ANTERIOR (PA)	LATERAL	OTHER, SPECIFY:
Note: For children less than 5 and people living with HIV, order PA and lateral views. For all other clients, order PA view only as per BCCDC TB Manual.			

FOR RADIOLOGY USE ONLY

**IF URGENT TB CLINICIAN REVIEW OF COMPLETED CHEST X-RAY INDICATED
PLEASE CALL 604-707-5678**

BILLING INSTRUCTIONS

MSP COVERAGE

1. Assess for Medical Services Plan (MSP) coverage at each client encounter.
2. If the client has active coverage, bill MSP for the chest x-ray.

NO MSP COVERAGE - IMMIGRATION SURVEILLANCE

1. Assess for MSP coverage at each client encounter.
2. If the client does not have MSP coverage, assess the reason for the chest x-ray.
3. If chest x-ray is required by [Immigration, Refugees and Citizenship Canada](#), bill the client.

NO MSP COVERAGE - ACTIVE TB DISEASE INVESTIGATION

1. Assess for MSP coverage at each client encounter.
2. If the client does not have MSP coverage, assess the reason for the chest x-ray.
3. If the chest x-ray is part of an TB Investigation, bill TB Services. TB Services provides payment coverage for TB clients directly under our care.

For radiology:

CHEST X-RAY RESULTS

Please send or fax all NORMAL or ABNORMAL results to the TB Services program serving your area:

BCCDC Provincial TB Services
655 West 12th Avenue
Vancouver BC V5Z 4R4
Fax (604) 707-2690

OR

Island TB Services
Royal Jubilee Hospital, Royal Block,
4th Floor
1952 Bay Street
Victoria, BC V8R 1J8
Fax (250) 519-1505

For more information: www.bccdc.ca/health-professionals/clinical-resources/tuberculosis-guidelines