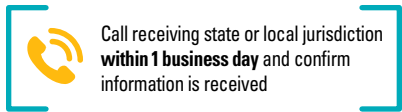


# Interjurisdictional TB Notification Cover Sheet

**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.nationaltbcoalition.org/tb-program-contacts/](http://www.nationaltbcoalition.org/tb-program-contacts/)

## 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: <https://bit.ly/interjurisdictional-notifications>

**Referring**  
 • Local Jurisdiction

Name of Local Program:  City:   
 County:  State:   
 Local Program Contact:  Phone:  Date sent to Referring State:   
 Fax:   Email:   
*Check box above for preferred document transmission.*

**Referring**  
 • State  
 • Big City  
 • Territory

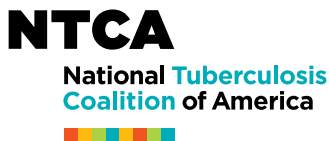
Name of Program:  Jurisdiction:  Date sent to Receiving State/Big City/Territory:   
 Program Contact:  Phone:   
 Fax:   Email:   
*Check box above for preferred document transmission.*

**Receiving**  
 • State  
 • Big City  
 • Territory

Name of Program:  Jurisdiction:  Date sent to Receiving Local:   
 Program Contact:  Phone:   
 Fax:   Email:   
*Check box above for preferred document transmission.*

**Receiving**  
 • Local Jurisdiction

Name of Local Program:  City:  Follow-Up sent to:  
 Receiving State/Big City  
 County:  State:   Referring State/Big City  
 Local Program Contact:  Phone:   Referring Local  
 Fax:   Email:  Date Follow-Up sent:   
*Check box above for preferred document transmission.*



## National Tuberculosis Coalition of America (NTCA)

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

<https://bit.ly/interjurisdictional-notifications>