SFDPH Tubersol/Aplisol Shortage Form

Date: ________________________________________

Clinical Site and Contact: _________________________

Current supply will last until approximately: ________________________________

Supply exhausted as of (date): ________________________________

Describe attempts to obtain more drug (e.g. which distributors have you contacted and what was reported):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Approximately how many Tuberculin Skin Tests do you place per month? Or how much Tubersol/Aplisol do you use per month?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What size vial do you use? 10 dose vial?______ 50 dose vial?______

Are you screening your patients with the interferon gamma release assay tests (QFT, T-spot)? □ yes □ no

Have you sent your patient to another facility to complete TB screening? □ yes, If yes, where did you send your patient? ___________________ □ no

Is there anything else you want us to know about your experience with this shortage?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________