



London N. Breed
Mayor

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?

