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**TUBERCULIN SKIN TEST (TST) INFORMED
CONSENT FORM**

1. Tuberculin Skin Test (TST) is performed with a substance called PPD, therefore it is also known as PPD test. TST indicates that whether a person is infected with the tuberculosis (TB) microbe (whether encountered the TB microbe and created an immune response).
2. A positive or negative TST does not indicate whether a person has tuberculosis disease.
3. TDT is performed by injecting of PPD into the $\frac{1}{3}$ inner surface of the forearm. PPD substance is injected into the skin with a tuberculin syringe without cleaning the skin by alcohol.
4. After TST administration, there is no need to cover the injection area. A slight itching or swelling may occur. These are normal reactions and do not require any treatment. These reactions generally pass within a week.
5. Injection area should not be irritated, should be kept clean and dry. Cream, lotion or adhesive bandage should not be placed on.
6. TST should be read 72 hours (3 days) after the injection. A patient who does not return within 72 hours will need to be rescheduled for another skin test.
7. The reaction should be measured in millimeters of the induration (firm swelling). You will be notified in writing about the result.
8. Reliable administration and reading of the TST requires standardization of procedures, training, supervision, and practice.
9. Persons under treatment of immunosuppressive drugs must inform health care workers before TST administration.

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10. Under the circumstances (at least one “yes”) below, TST is NOT performed, please tick your answer:

a) Have you had tuberculosis disease in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you had any TST positivity or a bullous (watery blisters on the test area) reaction in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have you had a major viral infection such as measles or mumps in the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is there a condition that prevents the testing, such as excessive scars, rash/erythema or eczema?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Have you had a live virus vaccination (mRNA vaccine for COVID-19, measles, mumps, rubella, oral polio, varicella, yellow fever, BCG, etc.) in the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have been informed about the TST test. I have also read contents of this consent form. I allow the TST test to be performed.

Tested person/guardian:

Name Surname:

ID No:

Telephone:

Signature:

Notifier and TST performer:

Name Surname:

Duty/Title:

Signature: