### *[Replace this text with your organization’s identifier]*

### *[LETTER TO STAFF CONTACTS, Second Round IGRA]*

### *[Date]*

Dear Staff:

On ***[date of initial notification of exposure]*** you were notified by ***[Replace text with school name]*** that your child was exposed to an active case of tuberculosis. It takes 8-10 weeks for the TB bacteria to be identified by testing. ***[replace text with school name*]** and the ***[Replace text with organization name]*** will need to retest you on ***[enter dates and location of testing].***

***[Replace text with organization name]*** will be giving free repeat TB blood tests to all people who have been notified that they have been in contact with the person with TB. The blood test (IGRA) shows if TB bacteria have infected a person. Even if a person is infected, that does **not mean that he/she is contagious or has active TB disease**.

If the results of your TB blood test are positive, this means that you have TB infection and will need further medical evaluation which will include a chest x-ray and physical examination. Chest x-rays will be performed free of charge at ***[enter location]*** for persons who have a positive test.

The ***[Replace text with organization’s name]*** already has your signed consent form and your health questionnaire on file so no additional paperwork is needed for your second test.

If you chose to be tested and/or x-rayed by your private physician when we notified you previously, you should return to your provider again to be retested. Take this letter with you along with the enclosed “**Private Provider TB Evaluation** form.” Once you have completed your second test, we will need the new test results documented on the “**Private Provider TB Evaluation** form“ and mailed to us no later than ***[enter date]*** at the following address: ***[Replace text with organization’s mailing address].***

If you have any questions please contact ***[Replace text with organizations name and contact information].***  The following web site also has TB information. www.cdc.gov/nchstp/tb/faqs/qa.htm.

Sincerely,

***[Replace text with TB Controller name]***

***[Replace text with school representative name]***