



# Product Order Form

Materials are available at no charge.

Please fill out the information below and mail or fax to:

Charles P. Felton National TB Center at Harlem Hospital • Samuel L. Kountz Pavilion

15 West 136th Street, 6th Floor • New York, NY 10037

Tel: 212-939-8254 • Fax: 212-939-8259 • Website: [www.harlemtbcenter.org](http://www.harlemtbcenter.org)

Name \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*Please check the box next to the item you want and indicate quantity.*

## Training Booklets

(8 1/2" x 11")

- |  |  |
|--|--|
| Addressing HIV/AIDS Issues in TB Contact Investigations  | <input type="checkbox"/> No. of copies _____ |
| Improving Completion Rates for Treatment of Latent TB Infection in Children and Adolescents              | <input type="checkbox"/> No. of copies _____ |
| Improving Treatment Completion for Latent Tuberculosis Infection Among Health Care Workers               | <input type="checkbox"/> No. of copies _____ |
| Latent Tuberculosis Infection: Seven Case Studies  | <input type="checkbox"/> No. of copies _____ |
| Peer Support for LTBI Treatment Adherence: a Manual for Program Managers and Supervisors of Peer Workers | <input type="checkbox"/> No. of copies _____ |
| Social Support Services for Tuberculosis Clients   | <input type="checkbox"/> No. of copies _____ |
| Strategies for Involving International Medical Graduates in TB Control Activities                        | <input type="checkbox"/> No. of copies _____ |
| Tuberculosis: Six Case Studies   | <input type="checkbox"/> No. of copies _____ |

## Calendar

(5 1/2" x 8 1/2")

- |  |  |
|--|--|
| Pediatric Calendar for LTBI Completion<br>(Limit 10 per order) | <input type="checkbox"/> No. of copies _____ |
|--|--|

## Reference Cards

Laminated  
(5 1/2" x 4 1/4")

- |   |  |
|---|--|
| Risk Factor Questionnaire for Screening Children and Adolescents for LTBI | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI   | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI in Children and Adolescents                             | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI in Pregnancy and Postpartum                             | <input type="checkbox"/> No. of copies _____ |

## Clinic Posters

(13" x 19 1/2")

- |   |  |
|---|--|
| Risk Factor Questionnaire for Screening Children and Adolescents for LTBI | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI   | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI in Children and Adolescents                             | <input type="checkbox"/> No. of copies _____ |
| Treatment of LTBI in Pregnancy and Postpartum                             | <input type="checkbox"/> No. of copies _____ |