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TB Facility Register v.5

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Treatment History

- New - New case
- Previously Treated Patient Look at the previous Treatment Outcome
- Relapse - Previously Treated (Cured or Completed Treatment)
- RALF - Return after Lost to Follow-up
- Fail - Treatment after Treatment Failure
- Other - Previous Treatment Outcome Unknown
- Unknown - Previous Treatment History Unknown

Full Name <input type="text"/> Address <input type="text"/> Phone Number <input type="text"/>	Registration Date * ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Participant Registration ID ^{D4E} <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> TB Registration Number * ^{D4E} <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Age * ¹²³ if <2 yrs, enter age in months <input type="text"/> <input type="text"/> <input type="text"/> Sex * ^{ONE} <input type="radio"/> Male <input type="radio"/> Female	Occupation / Risk Group * ^{ONE} <input type="radio"/> Miner <input type="radio"/> Prisoner <input type="radio"/> Ex-Miner <input type="radio"/> HH Contact <input type="radio"/> Mining Community <input type="radio"/> Migrant <input type="radio"/> HCW <input type="radio"/> Other If Other, Specify <input type="text"/>	Referral * ^{ONE} <input type="radio"/> Community <input type="radio"/> NCD <input type="radio"/> Private <input type="radio"/> Walk in <input type="radio"/> OPD <input type="radio"/> Ward <input type="radio"/> ART	Treatment Regimen * ^{ONE} <input type="radio"/> 2RHZE/4RH <input type="radio"/> BPalm <input type="radio"/> BPal <input type="radio"/> Other Other Regimen ^{D4E} <input type="text"/>	Treatment History * ^{ONE} Previously Treated Patient <input type="radio"/> New <input type="radio"/> Relapse <input type="radio"/> RALF <input type="radio"/> Fail <input type="radio"/> Other <input type="radio"/> Unknown	Bact/CI Diagnosed * ^{ONE} <input type="radio"/> Bacteriologically <input type="radio"/> Clinically LAM Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAM Result ^{ONE} <input type="radio"/> MTB Detected <input type="radio"/> MTB Not Detected	Smear Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Xpert Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Culture Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Smear Result ¹²³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Xpert Result ^{ONE} <input type="radio"/> MTB Detected <input type="radio"/> MTB Not Detected Culture Result ^{ONE} <input type="radio"/> MTB Detected <input type="radio"/> MTB Not Detected	Site of Disease * ^{ONE} <input type="radio"/> Pulmonary <input type="radio"/> Extra-Pulmonary
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INSTRUCTIONS

- Fill out
- Correcting Mistakes

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Discard Left & Right Page

Photo taken

Full Name <input type="text"/> Address <input type="text"/> Phone Number <input type="text"/>	Smear Date - 2 month ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Smear Date - 5 month ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Smear Date - 6 month ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Smear Result ¹²³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Smear Result ¹²³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Smear Result ¹²³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	XRay Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DST Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Moved to 2nd Line Tx ^{ONE} <input type="radio"/> Yes <input type="radio"/> No	XRay Result ^{ONE} <input type="radio"/> MTB Detected <input type="radio"/> MTB Not Detected DST Result ^{ONE} <input type="radio"/> RIF Resistant Detected <input type="radio"/> RIF Resistant Not Detected RIF Resistant Indeterminate <input type="radio"/>	Treatment Outcome ^{ONE} <input type="radio"/> Cured <input type="radio"/> Treatment Completed (No smear) <input type="radio"/> Dead <input type="radio"/> Treatment Failure <input type="radio"/> Lost to Follow-up <input type="radio"/> Not Evaluated	Outcome Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOT and Adherence Support ^{ONE} <input type="radio"/> GUA <input type="radio"/> HSA <input type="radio"/> VOL <input type="radio"/> HCW HIV Status * ^{ONE} <input type="radio"/> Pos <input type="radio"/> Neg <input type="radio"/> Unk <input type="radio"/> Before TB Reg <input type="radio"/> After TB Reg HIV Test Time ^{ONE} <input type="radio"/> Before TB Reg <input type="radio"/> After TB Reg	ARV Start Time ^{ONE} <input type="radio"/> Before TB Tx <input type="radio"/> While on TB Tx <input type="radio"/> Not While on TB Tx ARV No. ^{D4E} <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> ART Registration ID ^{D4E} <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> CPT Status ^{ONE} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> CPT Start Date ¹²³ <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enrolled into PRP ^{ONE} <input type="radio"/> Yes <input type="radio"/> No PTLD Diagnosis Method ^{ONE} <input type="radio"/> Spirometry/LFT <input type="radio"/> Persistent Respiratory Symptoms <input type="radio"/> Abnormalities Xray <input type="radio"/> Reduced Exercise Comments <input type="text"/>	PRP Outcome ^{ONE} <input type="radio"/> Completed <input type="radio"/> Died <input type="radio"/> Lost to Follow-up <input type="radio"/> Active TB <input type="radio"/> Excluded Discard Row <input type="radio"/> Implem. Error <input type="radio"/>
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