#### RNTCP Request Card for examination of biological specimen for TB (Required for Diagnosis of TB, Drug Sensitivity Testing and follow up)

		Patie	nt Infor	matio	n									
Patient name					(in yrs):_		Gender: □ □TG	M□F						
Patient mobile other contact r				Date	cimen e of collec		☐ Sputum ☐ Other (s							
				,		Reactive  Nor	-Reactive □ Un	ıknown						
Patient address landmark	s with			Patie Mine	ent □ Dia er □ Migra	ons:□Contact abetes □ Tob ant □ Refuge orker □Othe	acco □ Prisc e □ Urban sl	on 🗆 lum 🗆						
Name referring /DR-TB Centre			C	DL N <b>i</b> K	SHAY ID:		- <u>c-</u> -							
		O (NIKSHAY):	RI	NTCP 1	TB Reg No pplicable	oOr	· <b>-</b>							
State:		District:		Tut	perculosis	unit (TU): _								
Reason for Tes	sting:													
		Diagnos					•							
Diagnosis (NIKS			F	ollow u	p (Smear	and culture)								
H/O anti 18 kx	for >1 mo	nth: □ Yes □ No	—   K	NTCP IKSHA	TB Keg IV	0								
☐ Presumptive		dominant symptom	l <sub>R</sub>	odimer	□Naw	☐ Previous	ly Traated							
☐ Private referra	aı Dura	ation days				P								
☐ Presumptive	IN I IVI					6m □ 12m □								
Diagnosis and follow up Drug-resistant TB  Drug Susceptibility Testing (DST)  Follow up (Culture)  PMDT TB No DR TB NIKSHAY ID: Regimen: Presiment TB  Presiment TB														
Drug Susceptibility Testing (DST)  □ New □ Previously treated □ PMDT TB No □ PRESUMPTIVE □ Contact of MDR/RR TB □ Contact of MDR/RR TB □ PRESUMPTIVE □ PRES														
Drug Susceptibility Testing (DST)  □ New □ Previously treated □ PMDT TB No □ PREVIOUSLY TEST □ PREVIOUSLY TREATMENT □ PREVIOUSLY TREATME														
Drug Susceptibility Testing (DST)  □ New □ Previously treated □ PMDT TB No □ PRESUMPTIVE □ Contact of MDR/RR TB  □ Presumptive □ Contact of MDR/RR TB  □ Presumptive □ Contact of MDR/RR TB □ Presumptive □ Contact of MDR/RR TB														
□ New □ Previously treated □ PMDT TB No □ Regiment □ Presumptive MDR TB □ At diagnosis □ DR TB NIKSHAY ID: □ Regiment □ Follow up Sm+ve □ Previously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ Regiment □ Proviously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ Proviously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ Proviously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ Previously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ Previously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ PReviously treated □ PMDT TB No □ DR TB NIKSHAY ID: □ PREVIOUSLY TB NIKSHAY ID: □ PREVIO														
		vate referral scordance resolution			□Regime	enfor MDR/RR	ГВ	☐ Modified						
☐ Presumptive						for MDR/RR <mark>-</mark> TE enfor XDR TB	3 + FQ/SLI resi	stance						
					Modified	Regimenfor mix		istance						
		DR/RR TB at Diagnosis I months culture positive			□Regime	enwith Bedaqui <b>l</b> esistance	ine for MDR-11	3 Regimen +						
		i months culture positive nonthly for persistent culture	e positives		□Regime	enwith Bedaqui <mark>l</mark>								
□Presumptive	(treati	ment month)	- ,		□Regime for MDR-	en with Bedaqui TB	line for failures	of regimen						
XDR TB		Iture reversion ilure of MDR/RR-TB regime	en		□Regime	en with Bedaqui	line for failures	of regimen						
		current case of second line scordance resolution	treatment		for XDR- □Other	ТВ								
	פוח דו	CORdance resolution				nt □month□ V	Veek :							
Test requested	   <u>:</u>													
		IGRA □ Chest X-ray □ Gene Sequencing □ Othe				nology □CE	BNAAT □ Cul ——	ture □ DST						
Requestor Na	me. Desi	gnation and Signature:	•											
				Ema	ail ID:			<del>_</del>						
Results:		CDL NIKSHAY IDG	enerated	:		<u>c</u>	· <del>_</del>							
		Micros	сору(□2	ZN□Flc	orescent)									
	Lab Sr. N					Result		1						
Sample A		appearance	Negative	<u>}                                    </u>	Scanty	1+	2+	3+						
Sample B				1_										
Date tested:		Date Reported:			Reported	d by:	and Signatu	ro)						

			Car	trid	ge	Ba	sed	Nucl	eic A	cio	d Ampl	ificat	ion	Tes	st (C	CBN	IΑΑ	T)					
Sample			□А		B						•				•								
M. Tubercu	llos	is	□ De	etect	ed				□ No	t De	etected□	N/A											
Rif Resista	nce	<u> </u>	□ De	etect	ed				□ No	t De	etected⊏	Indet	ermi	nate	, [	] N/A	4						
Test			□ Er	ror		(F	Pleas	e arra	nge fo	r fr	esh sam	p <b>l</b> e)											
Date tested	d:				_ D	ate	Repo	orted:				_ Rep	orte	d by	:								
															(I	Nam	e aı	nd S	igna	ature	<del>)</del>		
								(	Cultu	re	(□ LJ□												
Lab Sr.											Resu												
No	ſ	Vegat	tive		Po	sitiv	/e				NTM	(write	spe	cies	)					Con	tamiı	natio	on
Date Resu	lt: _					ate	Repo	orted:				_Rep	orte	d by									
															(I	Nam	e aı	nd S	igna	ature	<u> </u>		
								Lin	e Pro	be	Assay	(LP	4)										
							□ Di				Lab se												
									F	irst	line LPA												
RpoB: — locu	is co	ntro <b>l</b> :	prese	nt a	bsen	t																	
WT1: presen	t ak	sent	WT2:	pre	sent	abs	ent	WT3:	pres	ent	absent W	Т4: р	resen	t ab	sent								
WT5: preser	nt a	bsent	WT6:	pr	esen	t ab	sent	WT7 :	pres	ent	absent W	Г8: р	resen	t ab	sent								
-				-					•			•					<b></b>						
, ,							26Y):	prese	nt abs	ent I	•							531L)	: р	resen	t abs	ent	
KatG: — locus control: present absent  WT1 (315): present absent  WT1 (315): present absent  WT1 (-15, -16): present absent WT2 (-8): present absent  MUT1 (S315T1): present absent  MUT1 (C15T): present absent MUT2 (A16G): present absent  MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA  gyrA:—  gyrB:—-  gyrB:—-  InhA:— locus control: present absent  WT1 (-15, -16): present absent WT2 (-8): present absent  MUT1 (C15T): present absent MUT3 (T8A): present absent  MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA																							
WT1 (315): present absent  WT1 (-15, -16): present absent WT2 (-8): present absent  MUT1 (S315T1): present absent MUT2 (A16G): present absent MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA  gyrA:																							
WT1 (315): present absent  WT1 (-15, -16): present absent WT2 (-8): present absent  MUT1 (S315T1): present absent  MUT1 (C15T): present absent MUT2 (A16G): present absent  MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA																							
WT1 (315): present absent  MUT1 (S315T1): present absent  MUT1 (S315T2): present absent  MUT2 (S315T2): present absent  MUT3 (T8C): present absent MUT3 (T8A): present absent  Second line LPA  gyrA:																							
KatG: — locus control: present absent  WT1 (315): present absent  WT1 (-15, -16): present absent WT2 (-8): present absent  MUT1 (S315T1): present absent  MUT1 (C15T): present absent MUT2 (A16G): present absent  MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA  gyrA:—  gyrB:—  rrs:——  eis:——																							
gyrA:	G: — locus control: present absent  (315): present absent  (1 (S315T1): present absent (2 (S315T2): present absent  Second line LP/A:—  s control: present absent  (85-90): present absent  WT1 (536-541): present absent  WT1 (140																eis	:					
locus control:	InhA:—  Is15): present absent  (S315T1): present absent  (S315T2): present absent  Second line Is15  S														absen	t	loc	us coi	ntro <b>l</b> :	pre	sent	abse	nt
WT1 (315): present absent  MUT1 (S315T1): present absent  MUT1 (S315T2): present absent  MUT1 (C15T): present absent MUT2 (A16G): present absent  MUT3A (T8C): present absent MUT3B (T8A): present absent  Second line LPA  gyrA:—  locus control: present absent  WT1 (85-90): present absent  WT1 (536-541): present absent  WT1 (1401-02): present absent  WT1 (37): present absent																							
WT2 (89-93):	prese	ent ab	sent		•••	. (000	, 6 , 1 , 1	proc	on. u.	00116							WT	2 (14,	12, 1	0): <sub> </sub>		ıt al	bsent
MUT1 (A90V): MUT2 (S91P): MUT3A (D94A) MUT3B (D94N/	pre : pı	sent a	absent abse					prese prese									MU	T1 (C-	14T):	pre	sent	abse	ent
absent MUT3C (D94G) MUT3D (D94H)	: pı	resent	abse	nt																			
Final LPA		•																					
MTB result										<b>.</b>	. 20	<b>-</b>			1. (								
RIF Se Quinolone			Resi sitive			ınae stan		ıınate <b>ı</b> ıdeter			sitive I	Resist Sen						Inde	term	ninat	e		
														_			-				•		
Date Resul	it: _				_ L	ate	кер	orted:				_ кер	orte	d by	/: <u></u> (I	Nam	e aı	nd S	igna	ature	<del></del>	_	
1 -1- 0		, et		.1.	_	Dr	ug S		eptib	ilit	y Test	(DST	) re	sult	ts			211					
Lab Sr. No		1°՝	line o	arug	s			SLI			FQ	1					(	Othe	r				
110	1	_	2				F	E	٦	×	2 4	Mfx (2)	٩S	Ď.	Ŋ	o		<u>'Z</u>					
	ဟ	Ŧ	H2	Ж	Ш	Z	Km	Cm	Am	Ę	Mfx (0.5)	≥ 0	<u></u>	Lzd	Cfz	Eto	Cla	Azi					
											•												
Date Resul												_ Rep	orte	d by	/: (I	Nam	e aı	nd S	igna	ature	<del></del>	_	
R: Resistant	S: S	Susce	ptible	; C: (	Con	tamii	nated	; <b>–</b> Not	done														
							(	Other	test	s f	or TB di	iadno	sis										
Test(Pleas	e Sı	oecifv	/):							۱۱ ت	. I D (II	<u>9110</u>	513										
Result:																							
																							_
Date repor	ted:					_Re	port	ed by	:									_					
l															(1	Nam	e ai	nd S	igna	ature	<del>)</del> )		

(Lab Copy)	Date:Lab referred to:	Patient's/ Contact person's Mobile number :	Kindly tick         Coughdays         Everdays         Loss of weightdays         Night sweatdays         Blood in sputum/ coughdays	Contact of TB / MDR TB	Stamp of HF Referred by (Name & Sign)
(Patient copy)	Date:Lab referred to :	Patient's/ Contact person's Mobile number :	Kindly tick  Coughdays  Feverdays  Night sweatdays  Blood in sputum/ coughdays	Contact of TB / MDR TB	Stamp of HF Referred by (Name & Sign)
(Referring health facility copy)	Date:Lab referred to :	Patient's / Contact person's Mobile number :	Kindly tick  Coughdays  Feverdays  Loss of weightdays  Night sweatdays  Blood in sputum/ coughdays	☐ Contact of TB / MDR TB	Stamp of HF Referred by (Name & Sign)

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME Treatment Card

		I reatment Card	TB	TB Notification No / NIKSHAY ID	No / NIK	SHAY ID			
StateName	City / DistrictTB Unit	Jnit Occupation	PHI I	- Socioec	Socioeconomic status: APL/ BPL	atus: AP	'L/BPL		
Complete Address: House No.	Road:	Ward/Village:	Town/Citv:	Taluka/Mandal	ıdal:		District:		
State: Pin code	Important landmark:	Mobile:-		No.	Area :SI	um/Triba	Area:Slum/Tribal/Migrant/Refugee	gee	
Name and Address of contact person	erson		Mobile No.						
Name of Treatment Supporter_		Ď	Designation	Mobile No.:	No.:				
Initial home visit by	DateType of Tr	eatment Adherencon Providers visited before	Type of Treatment Adherence – DOT / Family DOT / ICT supported, specify Number of health care providers visited before diagnosis for current enisode:	ICT suppo	rted, speci		/ Other		
							-		,
Disease Classification ☐ Pulmonary	Type of Patient ☐ New ☐Recurrent ☐ Transfer in ☐ Treatment AfterFailure	erFailure	Investigations (ZN / FM / CBNAAT / Liquid C / Solid C)	Lab	Lab. No.	Test result	Sample sent to CDST (date)	DST result	
☐ Extra Pulmonary Site	☐ ☐ Treatment ☐ Others, previously treated	usly treated	Pre-treatment						
	Sound		End of Intensive Phase						
	☐Microbiologically confirmed ☐Clinical TB		End of treatment						
H/O of Previous ATT: months of treatr Source of treatment:-□ Public □ Private	nent Previc	months since end of last episode		Other	investigat	ions (if	Other investigations (if any) with result	 	
HIV related	HIV related information		<6yrs >6yrs	No of chi chemopr	No of children less chemoprophylaxis	than 6 y =	No of children less than 6 years given chemoprophylaxis =		
HIV Status: □Unknown□Reactive□NR Date_	e NR Date PID	No of household		Name	Wt		Dose 1 2 3	4 5 6	9
CPT delivered on: (1) (2)	(3) (4) (5) (6)	No screened			<u>\$</u>	(Kg) (ga)	(mg)		
Initiated on ART: □ No □	☐ No ☐ Yes Date & ART No	No with symptoms	ns						
Diabetes rela	Diabetes related information	No evaluated							
Diabetes Status: ☐Unknown☐Diabetic☐Non-Diabetic	abetic⊟Non-Diabetic	No diagnosed							
RBSFBS	1	treatment							
Initiated on ADT: ☐ No ☐	☐ Yes Date & ADT No		Addiction	Addiction related information	formation				
Other co	Other co-morbidity	Current Tob If yes,□Smo If tobacco us	Current Tobaccouser□ Yes □ No If yes,□Smoking□Smokeless Linked for cessation □ Yes □ No If tobacco user, status of tobacco use at end of treatment □Quit□ Not quit	Linked for cessation ☐ Yes ☐ No e at end of treatment □Quit☐ Not q	cessation treatment	☐ Yes □Quit□	□ No I Not quit		
Signature of MO with date		H/o Alcohol If yes, linked	H/o Alcohol intake□ Yes □ No If yes, linked for deaddiction□ Yes	% <b>D</b>					

<b>Date</b> Dose	Date of initiation of intensive phase Dosage frequency □ Daily □ Intermittent	of intensive	e pł Inte	<b>nase</b> rmitte	ant			_ Drug form	form	ulatio	ns 🗆	FDC		Date of initiation of contulations ☐ FDC ☐Combipack☐ Loose drugs	of init ack□	iatio I Loo	n <b>of</b> c se dn	Date of initiation of continuation phase combipack Loose drugs Drug	natic	dd uc	hase	acka	ging		\ \B□	Strip	SC		
Weic	Weight Band: Adult: □ 25-39 Kg □ 40-54 Kg □ 55-69 Kg □≥70 Kg	ılt: □ 25-39 l	Kg [	□ 40	-54	√g □	] 55-(	39 Kg	□≥7	'0 Kg		Pec	Jiatric	□4-	.7 Kg	□ 8-1	11 Kg	Pediatric: □4-7 Kg □8-11 Kg □12-15 Kg □16-24 Kg □ 25-39 Kg □30-39 Kg	.15 K	g 🗆	5-24 }	□    -	25-3	9 Kg	□30-	.39 K	D		
Dos	Dosages: FDC / Combipack_	ombipack_		<u>م</u> 	_ per day	ЭŚ		Height_	<u>_</u>		<u>ق</u> ا	(cm)									ĭ	Loose	Dose	eg e					
Mark Reco	Mark✓when doses are taken under direct observation, ⊘ when the dose was not observed, O when missed the dose Record CP from fresh line	s are taken เ esh line	pun	ər dir	ect (	esqc	rvatic	On,	) whe	in the	dose	e was	not c	observ	ved, (	·Чw С	im ne	pess	the d	əsc	ਰ	drugs	Pills	$\vdash$	I Z	Z	Шш	S	
Month/ vear	1th/ 1 2	3 4 5	9	2	8	9	101	1	12 1	3	41	15	16	17 1	18	19	20 2	21 2	22 2	23 2	24 2	25 2	26 2	27   2	28 2	29	30	31	Wt
			$\sqcap$	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	H	+	H	+						
			$\top$	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+			+			
																				$\perp$									
			$\Box$		$\vdash$	$\vdash$	$\vdash$								H				$\vdash$			H	H						
				+				+			+	+	+		+	+	+		+				+						
Retr	Retrieval Actions for Missed Doses	for Missed	۵	ses														Detai	ls of	Adve	Details of Adverse events	vent	S						
						,		(		'			Dat	Date of adverse	dver	Se	<u>م</u>	Details of	of O	Act	Action taken	ken	L	urati	<b>Duration of</b>		Outcome of	ome	of
Date	By Whom	Whom	5	Re.	Reason for missed doses	o for		Outcor retrieval		ne of action	_			event	int	3	S S	symptoms	su					anagem or adver event	management for adverse event		adv ev	adverse	5 0
							$\perp \downarrow$																						
							$\coprod$									$\prod$							$\coprod$			H			
							$\perp \! \! \perp$													Ш			$\perp \mid$						
Post	Post treatment follow up clinical & sputum	low up clinic	<u>8</u>	lnds	щ					ļ									٥	Domarke	۲۵								
Follow up	3	Clinical Sputum	tum		CXR		<u>=</u>	mpression	sion		(		1	į					<u>-</u>	5	2								
12 mth	12 mths of Rx			_							П	/	1	Findings	ings.														
18 mth	18 mths of Rx										1	e =	1						ı						İ				I
24 mth	24 mths of Rx			Щ						* 									1										ı
Nutrit	Nutrition support (if any, give details)	fany, give d	etai	<u> </u>															I										ī
	Treatment outcome with date:	teb divivous	;										"	1000			Š	in the of the MO with date:	940										
- -			<u>.</u>											igi at	ָם פּ	ב ב	<u> </u>		Jaie.										

	Site of Disease	Appointment dates
TB identity card	□Pulmonary □Extra pulmonary	
Name:		
Sex DM DFDTGAge:	Type of Patient	
Address:		
	Treatment after Lost to Follow up	
	☐Treatment after Failure ☐Previously treated other	
Contact No:	☐ransfer in	
PHI TU District	Treatment regimen. []Now	
NIKSHAY ID:	□Previously treated	
Name and designation of treatment supporter:		
	Smear follow-up results	
Contact number and address of treatment supporter.		
	Post Xx Post Xx Month	
☐ CPT ☐ ART ☐ Diabetic ☐ Smoker		
Date of starting treatment: (DD/MM/YYYY)	Month	In case of side effects or queries please
Weight Band:	Treatment outcome:	contact
Adult: □ 25-39 Kg □ 40-54 Kg □ 55-69 Kg □ ≥70 Kg	Date:	Name and contact number:
Pediatric: □4-7 Kg □8-11 Kg □12-15 Kg □16-24 Kg □   25-39 Kg □30-39 Kg		

# RNTC

TCP PM	NTCP PMDT Treatment Card		NIKSHAY ID	CDL NIKSHAY ID	PMDT NIKSHAY ID	PMDT TB No
Patient's name:	ne:	Name, designa	Name, designation of treatment supporter:	ıpporter:		
Age:	yrsGender: □ Male □ Female □ Transgender					
Address:		Contact no:				
		State:		District:		
Marital status:	.S	TB Unit:		PHI:		
Occupation:		Initial home v: Date	Date	By:		
Contact No:		DR TB Centre:				
	Reason for Testing	☐ Transfer in f	☐ Transfer in from Other DR TB Centre	Centre		
□ New	☐ Previously Treated	Name of DR TB Centre_	B Centre			
☐ Presumptive TB	e TB 🗖 Private Referral 🗖 Presumptive NTM	PMDT NIKSHAY ID	AY ID			
D Presumptive MDR TR	☐ At diagnosis ☐ Contact of MDR/RR TB ☐ Follow up Sm+ve at end IP	HIV Testing: Date:	Re	of starting	PID no	
	☐ Private referral	Contact tracing:				
☐ Presumptiv	□ Presumptive H mono/poly	No of household contacts	contacts			
	MDR/RR TB at diagnosis	No of members screened	creened			
	□ 3 monthly, for persistent culture positives (treatment	No of presumptix	No of presumptive TB cases identified			
Presumptive	month	No of presumptiv	No of presumptive TB cases evaluated			
AUK 1B	☐ Failure of MDR/RR-TB regimen ☐ Recurrent case of second line treatment	No diagnosed with TB	th TB			
		No of DR-TB diagnosed	gnosed			

									-	100		8000								
<b>TB Site:</b> □ Pulmona	<b>TB Site:</b> □ Pulmonary □ Extra Pulmonary			-	-			-	5	z SS	<u> </u>	Di ugs anu Dosages	2	-		-		-	-	
extra pulmonary, please specify Treatment regimen		Drugs	Н	E K	Z	Яш	Аш	Эш	Ίľ	M Þ	o S C	a E	р Д г	J K	Am	чс ц С		DB		
DRegimen for INH mon MDR/RR TB TB + FQ/SLI resistance XDR TB resistance for MDR-TB Regimen + Bedaquiline for XDR-TB failures of regimen for X resistance	□Regimen for INH mono/poly resistant TB□Regimen for MDR/RR-TB □ Modified Regimen for MDR/RR-TB □ Modified Regimen for MDR/RR-XDR TB □ Modified Regimen for mixed pattern resistance □ Regimen + FQ/SLI resistance □ Regimen with Bedaquiline for MDR-TB□Regimen with Bedaquiline for failures of regimen for MDR-TB□Regimen with Bedaquiline for failures of regimen for XDR-TB□Regimen for mixed pattern resistance	Dose (mg)								<u> </u>		5			x		<i>J</i>	<u> </u>		
Initiation Date: Registration Date:		Patient eligible and consented for BDQ If No, reason	gible on_	and c	onsei	nted f	or BI	$\circ$		□ Yes □ No	No		-					-		
		Name & Signature of Treating Physician:	ignat	ure of	Tre	ating	Physi	cian:												
DR-TB Centre	DR-TB Centre Committee meetings – dates and decision	Su																		
Date		Decision	ion												Ω	Duration of indoor stay	n of i	ndoor	r stay	

	Thurnid Runction Test	Month Zero Six	222	Date	T.	CI	T4					Date of X-ray	Histories				Date of X-ray	Firedings				Date of X-ray	Findings				Date of X-ray	Findings				Array In Array	PROBLES			*FCG to be done doily ( first two weeks) weekly (for	iist (wo weeks), weekiy (101			
	Fatient's Name:  Blood Sugar Testing	Date:		KBS:	FBS:	***************************************	. 100	write date of starting)			(	I	J			(	I	J		7	(				I 7			I I	I ]	(	I	J		1		* FCG to be done doily, (		s months) then monthly		
	Urine Gravindex																																							
	Electrolyt e (K, Mg, Ca)																																							
Other Investigations	CBC/ Platelets																																							
Other Inv	ECG*- QTC Interval																																							
	LFT																																							
	S. Cr																																							
sults	Culture																									11111														
Culture Results	Lab No																																							
	Date																																							
	Month of Treatment	Diagnosis	1 <sup>st</sup> week	2 <sup>nd</sup> week	3 <sup>rd</sup> week	4 <sup>th</sup> week	1	2	3	4	5	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21	77	24	25	26	27	28	29	30	31	32	33	34	35

Patient's name:	ne:			Q	Drug Susceptibility Testing (DST) Results	Testing (DS	ST) Results		
Later West				Date	Date of snecimen collection & type of DST (LIVECT PA/CBNAAT)	on &tvne of	DST (LIVE)	C/LPA/CBN/	AAT)
Weight band:	kgs neigii 1:	SIIIS	Drug	Diagnosis	Month Mo	Month N	Month	Month	Month
□<16 Kg □	□<16 Kg □ 16-25 Kg □ 26-45 Kg □ 46-70 Kg □>70 Kg	Kg □>70 Kg	S						
Date of start	Date of starting intensive phase:		H1						
Date of start	Date of starting continuation phase:		H2						
			R						
	Details of rchange	ıge	田						
Date	Changed regimen	Reason for change	Z						
	)	)	Km						
			Am						
			Cm						
			Гfх						
			Mfx (0.5)						
			Mfx(2.0)						
			Eto						
			PAS						
			TZD						
			CFZ						

ADMINISTRATION OF DRUGS (one line per month)

Patient's Name:

	-											
Weight in	Kg Kg											
	31											
	30											
	29											
	28											
	27   2											
	26 2											
	1 25											
	24											
	23											
	22											
	21											
	20											
	19											
	18											
Day	17											
	16											
	15											
	14											
	13											
	12											
	11											
	10											
	9 1											
	8											
	7											
	9											
	5											
	4											
	2 3											
	1 2											
	Yr											
	Month/Yr											

Mark in the boxes:  $\checkmark$  = directly observed;  $\checkmark$  Insupervised;

= lgs not taken; X=initiation of new box; Recording of CP should start from fresh line.

221

Weight in	kg													
	31													
	30													
	29													
	28													
	27													
	26													
	25													
	24													
	23													
	22													
	21													
	20													
	19													-
	18													
Day	17													
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	15													
	41													
	13													
	12													(
	10													
	6													
	∞													(
	_													
	9													
	·													
	3 4													
	2													
	-													
	Month/Yr													

Mark in the boxes:  $\checkmark$  = directly observed;  $\checkmark$  nsupervised; =  $\bigcirc$ gs not taken; X=initiation of new box; Recording of CP should start from fresh line.

Action taken				
Details of symptoms				
Date of adverse drug reaction				
Outcome of retrieval action				Romarke
Who Reason for missed contacted doses				Date
Who contacted				o m
By whom				Treatment outcome
Date of retrieval action				

Treatment outcome	Date	Remarks	
Cured			
Treatment completed			Comments:
Died			
Failed-Culture non conversion			
Failed – Culture reversion			
Failed – Additional drug resistance			Name & Signa
Failed – Adverse Drug Reaction			
Lost to follow up			Post
Regimen Change			Follow up
In remarks column, provide cause of death, reason for lost to follow up, latest TB no. in case of failure and put on treatment further	ason for lost to	follow up, latest TB no. in case of	12 months of F

			un	Impression				
			al & sput	CXR				
		Physician:	Post treatment follow up clinical & sputum	Sputum				
		of Treating	ment follo	Clinical				
		Name & Signature of Treating Physician:	Post treat	Follow up	6 months of Rx	12 months of Rx	18 months of Rx	24 months of RX

### Annexure 15F

			Appointment dates
	Treatment regimen	Treatment regimen: ☐ Regimen for H mono/poly	
RNICP PMDI IB Identity card	resistant TB		
•	☐ Regimen for MDR/RR TB	VRR TB	
	☐ Regimen for MDF	Regimen for MDR/RR-TB + FQ/SLI resistance	
Name:	☐ Regimen for XDR TB	TB	
	☐ Regimen with Bed	Regimen with Bedaquiline for MDR-TB +	
Address;	FQ/SLI resistance		
	☐ Regimen with Bed	Regimen with Bedaquiline for XDR-TB	
	☐ Regimen with Bed	Regimen with Bedaquiline for failures of	
	regimen for MDR-TE	regimen for MDR-TB ± FQ/SLI resistance	
	☐ Regimen with Bed	Regimen with Bedaquiline for failures of	
Contact No:	regimen for XDR-TB	· ·	
DMDT TB nimber	☐ Regimen for mixe	Regimen for mixed pattern resistance	
PMDT NIKSHAY ID:	CDT □ APT □ Dishetic □ Smoker	betic    Smoker	
OR TB Centre:	Date of starting treatment: (DD/MM/YYYY)	lent: (DD/MM/YYYY)	
District:			
. <u>;</u> .	Culture	Culture follow-up results	
DOING.	Month	Month	
DOT Centre:	Month	Month	
	Month_	Month	
Name of Treatment Supporter.	Month	Month_	
	Month_	Month_	
- H	Month	Month	
Contact Number of Ireatment Supporter.	Month	Month_	
	Treatment outcome: _		In case of side effects or queries please
	Date:		contact
			Name and contact number:

#### REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

#### Referral / Transferform for treatment Serial Number

To be filled **in** triplicate. One copy to be sent to the DTO receiving the patient, one copy to the health facility where the patient is referred to, and one copy to the patient

lame of patient	Age Sex M F TG
Complete Address	
	Contact no
	Patient detail
Site of disease	Diagnosis details
□ Pulmonary	Date of diagnosis:/_/
Extra Pulmonary, Site	Name of laboratory: Type of test: ZN / FM / CBNAAT / Culture
Type of Detient	Result :
Type of Patient  ☐ New ☐ Recurrent	TB notification number:
☐ Transfer in ☐ Treatment After Failure	. HIV Status: □R □ NR □ Unknown
☐ Treatment ☐ Others, previously treate	DST Status:  Rif Sensitive
After LFU (Specify)	☐ Rif Resistant
Basis of Diagnosis	☐ Unknown, if unknown
☐ Microbiologically confirmed	Sample sent for DST to  Date:/_/_
☐ Clinical TB	Date
H/O of ATT:	Treatment regimen:
months of treatment	□New□Previously Treated
months since and of last anicode	
months since end of last episode	
months since end of fast episode	Date of treatment initiation: :/_/_ Number of doses:
months since end of fast episode	Date of treatment initiation: :/_/_ Number of doses:
Referred for:	
Referred for:	Number of doses:
Referred for:  ☐ Initiation of treatment ☐ Adverse drug reaction (give details)	Number of doses:
Referred for:  Initiation of treatment Adverse drug reaction (give details) Transfer out (give details)	Number of doses:
Referred for:  Initiation of treatment Adverse drug reaction (give details) Transfer out (give details) Any other (give details)	Number of doses:
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Name and designation of the referring doctor   Date referred	Number of doses:
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Name and designation of the referring doctor   Date referred	Number of doses:
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)  Name and designation of the referring doctor  Date referred	Number of doses:  Serial Number
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Name and designation of the referring doctor   Date referred	Number of doses:  Serial Number
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)  Name and designation of the referring doctor  Date referred	Number of doses:  Serial Number  patient has been referred
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Name and designation of the referring doctor   Date referred	Number of doses:
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Name and designation of the referring doctor   Date referred	Number of doses:
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Same and designation of the referring doctor   Date referred   Same of receiving health facility where the plame of patient   Sex M   F   Age   Sex M   F	Serial Number  Serial Number  Name of TB Unit and District  TB No (if available)  Date of receipt of patient
Referred for:    Initiation of treatment   Adverse drug reaction (give details)   Transfer out (give details)   Any other (give details)   Same and designation of the referring doctor   Date referred   Same of receiving health facility where the plame of patient   Sex M   F   Age   Sex M   F	Number of doses:  Serial Number  Datient has been referred  Name of TB Unit and District  TB No (if available)  Date of receipt of patient  Treatment regimen

This portion of the form has to be sent back to the referring unit as soon as the patient has been initiated on RNTCP treatment

#### **RNTCP PMDT Referral for treatment form**

Fill in duplicate. Send one copy to the concerned facility lame and address of referring unit (District TB Centre/DF	
-mail address of referring unit:	
lame of the facility where patient is referred:	
lame of patient:	Age: Gender:
complete address:	_
Patient o	detai <u>l</u>
Disease classification: □ Pulmonary □ Extra pulmonary (site )	Latest TB No:
Type: □ New □ Recurrent □TA LFU □ Failure □	Latest regimen: □Regimen for INH mono/poly resistant TB
Others	□Regimen for MDR/RR TB
Reason for testing: ☐ New ☐ Previously Treated	□Regimen for MDR/RR-TB + FQ/SLI
□ Presumptive TB	
□Private referral	
☐ Presumptive NTM	XDR TB □Regimen with
□ Presumptive MDR-TB □ At diagnosis	Bedaquiline for MDR-TB + FQ/SLI resistance
☐ Contact of MDR/RR TB	□Regimen with Bedaquiline for XDR-TB
☐ Follow up Sm+ve	□Regimen with Bedaquiline for failures of
☐ Private referral	regimen for MDR-TB±FQ/SLI resistance
□ Presumptive H mono/poly □ Presumptive XDR-TB	_
☐ MDR/RR TB at diagnosis☐ = 4 months culture	Regimen with Bedaquiline for failures of
positive□ 3-monthly for persistent culture positives	regimen for XDR-TB
(treatment month)□ Culture reversion□ Failure	□Regimen for mixed pattern resistance
of MDR/RR-TB regimen□ Recurrent case of second	
line treatment	
Sputum, culture and DST details	DR TB treatment details
Date of culture result:/_/_ Date of DST/LPA/CBNAAT result:/_/_	PMDT NIKSHAY ID:
Date of DST/LPA/CBNAAT result:// DST/LPA/CBNAAT result* :	DR TB Centre:
□ S □ H1□ H2□ R □ E □ Z □ Km □ Am □ Cm	Date of DR TB regimen initiation: ://_
☐ Lfx ☐ Mfx (0.5) ☐ Mfx (2.0)	Number of doses:
☐ Eto ☐ PAS ☐ LZD ☐ CFZ ☐ ☐ ☐ (* Tick the drugs to which resistance is demonstrated)	
ate of regimen change and details of change: ast exposure to second-line a-ntiTB drugs: Drugs (durat IV Status: Pos Neg Not known Date of CPT initiation ate of referral to DR-TB Centre / DTC: Day	ion) n: Date of ART initiation:
	.vionin
eferred for:     Initiation of treatment     Adverse drug reaction (give details)     Transfer out (give details)     Ambulatory treatment (if the patient is referred to	DTC)
Any other (give details)	

Reminder for the health facility where the patient has been referred

Please send an e-mail to the referring unit, informing the referring doctor of the date that the above-named pa tient reported at the receivinghealth facility.

	Dosage Frequenc y (Daily /	Intermitt ent)									
Ī		Inte									
	Date of treatment initiation										
	Status of treatment ***										
		applicable) Result of DST@									
	r DST for f	oot tnes elqmes to etec (NO if not sent, AN i									
	v	sutate seted (U/N/A)									
ı		±swigt VIH (U\N\q)									
PHI	Basis of diagnosis other than	Microbiologic al (CXR/Histopa the/ Cytology/ Clinical/ /Other, specify)									
ar	ation test	Results of Test*									
ister Ye	Microbiological confirmation test results	Test (ZN / FM / Culture / CBNA AT)									
ion Reg	biologica re	Lab									
Notificat	Micro	Date									
e – TB	lo gr	Weight at beginniu treatment									
gramm	əpi	Regimen N/PT /Outs RATCP									
rol Pro		Site (P/EP)									
Revised National Tuberculosis Control Programme - TB Notification Register Year		*Instred to sqvT									
Tubercu	#	Key population									
ational	uper	nv ənilbar. 1/əlidoM									
vised		ebos ni¶									
Re		Complete Address			 						
		Sex (M/F/TG)									
			:	:	 :	:	:	:	:	:	:
		Name (in full)			 						
	,01	TB notification (VIKSHAY)									

* Type of patient (use complete words)	***Status of treatment-
New, Recurrent, Failure, LFU, Other PT, Transferred in	<ol> <li>Initiated on First line treatment in the same Health Facility</li> </ol>
,	<ol><li>Initiated on second line treatment in the same Health Facility</li></ol>
Lest of result	3. Initiated on treatment outside Health Facility
For Smear result - Grades for smear positive, NEG for smear negative	4. Treatment initiated outside RNTCP
For GX result = MTB detected Rtf Resistance, MTB detected Rtf sensitive, MTB detected Rtf Indeterminate, MTB not detected, Error, Invalid, No result	5. Incomplete/ incorrect address
For Culture result - Grades for culture positive, NEG for culture negative	6. Died
+ HIV Gratus	7. Migrated & untraceable
# 1117 chairs of announced hadons on division TD tenational D. Davitius M. Monetius H. Halanaum	8. Repeat diagnosis
1119 status as repotred before of duting 1.5 deathlein 1 - rosinve, in - rogative, O - Otherbown.	9. Patient already on treatment/ Follow up patient
^ Diabetes Status	10. Wrong diagnosis
D=Diabetes. N=NonDiabetes. U = Unknown	<ol> <li>Referred for treatment with pending feedback</li> </ol>
	12. Other
(@ Sensitive= if sensitive to tested drugs, Name of drug if resistant to any – R= Rifampicin, H=Isoniazide,	
E=Ethambutol, Z=Pyrazinamide, S=Streptomycin Lx=Levofloxacin, Mx=Moxifloxacin, Km=Kanamycin,	#Key population
Cm=Capreomycin	PLH1V/Diabetes/Contact/Miner/Prison inmate/Health worker/Migrant/Refugee/Urban
	Slum/Other, specify

Year
Register
Notification
TBN
Programme -
Control
Tuberculosis
National 7
Revised

PHI

_							
	Remarks						
	ment r details	Design ation					
	Treatment supporter details	Name					
	sı	re Cu n					
	nont	Sm					
	At 24 months Date	CX R					
	Ψ <sup>-</sup>	Sy mp to ms					
	sų	Cul tur e					
dn	At 18 months Date	Sm					
llow	At 18 Date	CX R					
Post treatment follow up	7	Sy mp to to					
eatm	;hs	Cul tur e					
ost tr	At 12 months Date	Sm					
P	At 12 Date	CX R					
	,	Sy mp to ms					
	hs	Cul tur e					
	At 6 months Date	Sm					
	At 6 r Date	Ω ≃					
		Sy mp si *					
	If HIV-Pos	ART (y/n) date					
	ЩШ	CPT (y/n) date					
1	ment me#	Date					
	Outcome#	Outcome					
	a	Date   Smea   Of   DST@					
	nent Exa.	Date of sampl e collect ed for DST					
sus	of Treatr	Smea r resul ts					
aminatio	End	DMC Nam e					
mear ex		Date					
Follow-up smear examinations		Resul of of DST@					
Fol	_	Date of samp e collec ed for DST					
	End of IP	DMC   Smea   of   of					
	_	DMC Nam e					
		Date					

# Treatment Outcome — Cured, Treatment Completed, Died, Lost to follow up, Failure, Not evaluated or Treatment change

# Additional treatments if patient HIV-positive
Required only for patients known to be HIV positive. If provided by any source during TB treatment, enter "Y" and approximate date. If not provided / unknown, enter "N".
\*Symptoms- Mention predominant system- Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat - N Others-O, No symptoms - NS

State:

70 PF1

吨 WEX (2) Results (6.0) xIM DST Details 247 DR-TB Centre: w) шĀ Κm z 3 ы Н S C-DST Lab: TSO to sted Type (Litter LPA) Recurrent TALFU, Failure, Others) Type (New, Site of Disease (P/EP) @ Reason for Testing facility, TU, district Name of District: health Complete address & mobile number RNTCP PMDT Treatment Register Year znγ ni sgΑ Gender (M/F/TG) Patient's name in Quarter ₫ CDF NIKSHYA ID Month PMDT NIKSHAY ID ON 8T TOM9

Presumptive TB – 1; Private referral – 2; Presumptive NTM – 3;

<sup>®</sup> Presumptive MDR TB, At diagnosis—4. Contact of MDR/RR TB − 5, Follow up Sm+ve at end IP − 6, private referral − 7, Discontance resolution − 6, Presumptive Himonorpoly −9, MDR/RR TB at diagnosis − 10, ≥ 4 months culture positive -11; 3-monthly for persistent culture positives -12; Culture reversion -12: Failure of MDR/RR-TB regimen -14; Recurrent case of second line treatment -15

		emostuO Inemb	Final Trea			
90		noiteitini TR	A to sted			
ooratt d		nodeiðini T9	Date of C			
v Collabo activities		s	utate VIH			
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	36	фуницура	Сийля			
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	35	qq <sub>h</sub> uuu <sub>i</sub> \\\\	Culture			
	16	dd/mm/bb	Criginus			
ĝ.	90	44/шш/рр	Culture			
Culture and DST Results at initiation and during DR TB Treatment (Treatment months)	58	44/шш/рр	Culture			
ueu.	28	dd/mm/yy	Culture			
Treat	ZZ	АА/шш/рр	Culture			
eut (	56	dd/mm/bb	Culture			
mae	SΣ	AX/mm/pp	Culture			
18 T	34	AK/ww/pp	Cultura			
NA.	EZ	KK/ww/pp	Culture			
g.	22	44/шш/рр	Cultura			
nd de	51	44/mm/bb	Culture		-	
e uo	50	уу/иши/рр	Culture		-	
utist	61	dd/mm/bb	Cultura			
s at	81	44/mm/bb	Culture			1
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STR	91	фунцијуу	Guillare		-	
9	G\$	dd/mm/bb	Critima		-	
8	15	АД/шш/рр	Culture		-	
S.	6	думинур	Crithria		-	-
~	7	КК/иши/рр	Cultura		-	-
	9	АКлишурр	Collinice		-	
	S	АА/шш/рр	Culture			
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	i i	nodažini Inemlee	T to sled			
		1011121212	⊕R 8TRQ			

#Cases put on:Regimen for Himonology resistant TB-1; Regimen for MDR/RR TB -2; Regimen for MDR/RR-TB + FQ/SLI resistance -3; Regimen for XDR-TB -4; Regimen with Bedaquiline for failures of regimen for MDR-TB + FQ/SLI resistance-7; Regimen with Bedaquiline for failures of regimen for XDR-TB - 8; Regimen for mixed pattern resistance - 9

## **TB Laboratory Register**

Visual	۵	
	æ	
Type of specimen		
		Post Treatment follow up month
	dn-A	Month
nation	Follow-up	Regimen New / Previously Treated
Reasons for Examination		Nikshay ID
Reasons		History of >1 month ATT (Yes/No)
		Predomina nt symptom & its duration
8		Presumptive Predomina History of TB / RE / nt >-1 month Presumptive symptom ATT NTM & its (Yes/No) duration
Name of referring	(PHI/ICTC/AR	T/Medical College / Private Others, specify)
		Key Population
Complete address (for	diagnosis patients)	Phone No.
		Sex M/ F/TC
Name in Full		THE WAS
	of first specimen	
		Lab. Seri

Notes

- 1. a- stands for supervised spot sample, b- stands for early morning sample
- 2. Remarks column can include date of starting treatment, treatment regimen, TB no., referral details with date, remarks on un blinded rechecking, etc
  - 3. Visual appearance-mention M, B, or S., Mucopurulent, Blood stained or Saliva
- 4. Predominant symptoms: Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat N Others-O, No symptoms NS
- 5. Key population Contact of TB/DRTB case Diabetes Diab Health-care worker | Other (specify)
- 6. Sensitive= if sensitive to tested drugs, Name of drug if resistant to any R= Rifampicin, H=Isoniazide, E=Ethambutol, Z=Pyrazinamide, S=Streptomycin
  - Lx=Levofloxacin, Mx=Moxifloxacin, Km=Kanamycin, Cm=Capreomycin 7. Duration of predominant symptoms should be recorded in days

Remarks				
Signature				
Treatment initiation details (TB No. & TU details)/ Referral for treatment				
NIKSHAY ID (notification no.)				
Sample for DST result (write NIKSHAY ID DST sent the drugs to (notification (Y/N) with which resistance no.) attemption is demonstrated)				
Sample for DST sent (Y/N) with date				
Diabetic status (Diabetic //Non Diabetic				
HIV status (Reactive / Non Reactive / Unknown)				
Date of Result HIV status (Reactive / Non Reactive / Unknown)	1			
Results	Д			
S.	8			

# **TB Laboratory Register**

							17,123
Visual	р		21417				
Appea	8						
Type of specimen							
Reasons for Examination	Follow-up	Post Treatment follow up month					
		Month					
		Regimen New / Previously Treated					
		Nikshay ID					
Reasons		History of >1 month ATT (Yes/No)					
705 (201 (201	Predomina nt symptom & its duration						
	Presumptive Predomina History of TB / RE / nt >1 month Presumptive symptom ATT NTM & its (Yes/No) duration		-0.				
Name of referring	health facility (PHI/ICTC/AR	T/Medical College / Private Others, specify)					
		Key Population					
Complete address (for	diagnosis patients)	Phone No.					
Sex M/ F/TG Age		19					
STATE							
	of first specimen						
	Lab. Serial No.						

#### Notes

- 1. a- stands for supervised spot sample, b- stands for early morning sample
- 2. Remarks column can include date of starting treatment, treatment regimen, TB no., referral details with date, remarks on un blinded rechecking, etc
  - 3. Visual appearance-mention M, B, or S., Mucopurulent, Blood stained or Saliva
- 4. Predominant symptoms: Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat N Others-O, No symptoms NS
- 5. Key population Contact of TB/DRTB case Diabetes Diab Health-care worker | Other (specify)
- 6. Sensitive = if sensitive to tested drugs, Name of drug if resistant to any R= Rifampicin, H=Isoniazide, E=Ethambutol, Z=Pyrazinamide, S=Streptomycin
  - Lx=Levofloxacin, Mx=Moxifloxacin, Km=Kanamycin, Cm=Capreomycin 7. Duration of predominant symptoms should be recorded in days

RNTCP Laboratory Register for Culture, CBNAAT and Drug Susceptibility Testing

Reporting of results	Remarks	
	TSG gailroger to sted flueer	
	culture result	
	Date of reporting	
	Other	
	*******	
(8)	Other	
	Clofazimine	
	Linezolid	
	SA9	
	Sthionamide 5	
	(0.S) nicexoflixoM	
S.	(6.0) misexoffixoM	
Sult	Levofloxacin	
8	Capreomycin	
Standard DST Results (R/S)	Amikacin	
	CHAPTER TORK	
	Kanamycin	
	Pyrazinamide	
	lotudmerl13	
	Rifampicin	
	S bissinosi	
	t bizeinost	
	Streptomycin	
	Date of receipt & CDL NIKSHAY ID	
	Type (LJ/LC)	
Culture Results	Results §	
	CDL NIKSHAY ID	
	Type (LJ/LC)	
sults	(AN/S/A) HNI	
	RIF \$ (R	
S.	(N/Y) † 8T	
OST	(N/A) "PIIPA	
Rapid DST Results	Date of receipt & CDL NIKSHAY ID	
	Test performed (TAANBD/A91)	

\*Valid = Y if both Amplification Control (AC) band & Conjugate Control (CC) band present; if gither are missing, record N, and record no additional LPA results for this specimen.

TB \* Y If M. tuberculosis (TUB) band on LPA strip confirming identity as M. Tb or MTB Detected in CBNAAT. N if no TUB band on LPA strip or MTB Not Detected in CBNAAT

# R = Resistant, \$ = Sensitive, 1 = Indeterminate, NA = no result, judged by no locus control band on LPA strip for mo-8 (RIF), or for intr-A or ket-G (INH) or for gyr-A or gyr-8 for FLQ or els for ETH, or ms for SLI. In case of CBNAAT, specify for NA, i.e. Error, invalid, No Result

§ Negative = no growth, Conta = contaminated, NTM = Non-Tuberculosis Mycobacteria/fast growth, 2+ = >100 colonies, 1+ = 10-100 colonies, SoftSourity<10 , Positive culture results should only be reported after identity for M, tuberculosis is confirmed with PNB. Niscin, Catalane, Rapid Immunoassay, or other methods.</p>