DR TB 06

Government of the People's Republic of Bangladesh

Programmatic Management of Drug Resistance Tuberculosis (PMDT)
National TB Control Programme
Request and Reporting form for Diagnosis/Follow up of Drug Resistant TB

A. Patient identification (ID):

TB registration No (Current): _____ Previous TB registration No (If any):_____ DR TB registration No: _____

Name of patient: _____ Age (yrs):____ Sex:____ *HIV-status: Pos / Neg / Unknown

Address: _____

_____

Cell Phone #:_____

B. TB Disease type and treatment history

Site: Pulmonary Extra pulmonary (specify):_____

History:

1) Failures of Category I (remain positive at month 5 or later and smear negative patients who become smear positive at month 2)
2) Failures of Category II (remain positive at month 5 or 8)
3) Non converters of Category I (remain positive at month 2)
4) Non converters of Category II (remain positive at month 3)
5) Relapses (Category I / Category II)
6) Return after lost to follow up (Category I / Category II)
7) Close contacts of DR TB patient with symptoms.
8) HIV infected
9) Others (Specify……..)

C. Origin of request:

Division name & ID:_____ District name & ID:_____ Local laboratory name & ID:_____

Local laboratory registration/serial number: _____ Date of test: ……/……/……, Smear result: 1st___ 2nd____specimen

Microscopy technique used: hot Ziehl-Neelsen (ZN) LED Fluorescence microscopy (FM)

D. Request for testing at the reference laboratory:

1) Diagnosis 2) Follow Up: Month of ……

Date specimen(s) collected: ____/____/20____ Specimen Identification number (s): _____

Specimen: Sputum Sputum in preservative, type …… Other specify):_____

Requested tests: o microscopy (type: ZN/LED o culture (L-J / MGIT) o Xpert MTB/RIF o DST Conventional o Line Probe Assay (LPA) :

Others (Specify)_____

Person requesting examination: Name:_____ Position:_____ Cell Number (patient/contact person): _____

Organization: Government/Non Government (specify: _____ Signature (with official seal) and Date:_____

* Information that can be disclosed optionally

E. Reference laboratory results:

Date of Specimen received/Collection in the Reference Laboratory _____ Reference Laboratory specimen ID:_____

1. Microscopic examination: Date reported _____ Previous Report and Date (If any) _____

ID #	Neg	Scanty	1+	2+	3+

hot Ziehl-Neelsen direct smear LED fluorescence concentrated smear Others (specify)_____

2. Xpert MTB/RIF (MTB/RIF) result: Date reported _____ Previous report and Date (If any) _____

ID #	RR=MTB detected, Rif resistance detected	T= MTB detected, Rif resistance not detected	N=MTB not detected	I=invalid/no result/ error

3 Method used: Solid (LJ) Liquid (MGIT) , Culture result: Date reported _____ previous report and Date (If any) _____

ID #	Contaminated	Neg	Positive	Atypical Mycobacteria (species)	Mycobacterium tuberculosis complex			
					<20 =1-19 colonies Actual count	1+=20 – 100 colonies	2+=>100 - 200 colonies	3+=>200 colonies

4. Results of M. tuberculosis drug susceptibility testing: Date reported:_____

Method used: ☐ Proportion method (L-J) ☐ Liquid (MGIT 960 system) ☐ Line Probe Assay (LPA)

ID #	Legend: S = susceptible; R = resistant; C = contaminated; ND = not done						
	INH (H)	Rifampicin (R)	Ethambutol (E)	Streptomycin (S)	Pyrazinamide (Z)	FQ : Ofloxacin/ Levofloxacin	Kanamycin (Km)
Result							

Date: ____/_____/20____ Signature with official Seal _____