

# NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Directorate General of Health Services, Bangladesh  
Treatment Card (Front page)

TB 01

Name : \_\_\_\_\_

Father's/ Husband's name: \_\_\_\_\_

Sex: M  F  Age : \_\_\_\_\_ BCG: no scar.  Scar seen

Occupation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address (in full): \_\_\_\_\_

Name & Address of contact person: \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

Name & address of person providing DOT: \_\_\_\_\_

* Refd by:	Graduate PP	GFS	VD	Gov. Hospital	TB Patient	CHCP
	Non Graduate PP	NGFS/SS	CV	Private Hospital	Self	Other Specify .....

H/O Previous Anti TB Treatment  Yes  No; IF yes Duration: \_\_\_\_\_

H/O Contact:  No  Yes: if Yes specify  TB  DR-TB

I. INTENSIVE PHASE - Prescribed regimen and dosages

Frequency: Daily

Tick category and indicate number of tablets per dose and doses of S(gms) :

CAT 1  CAT 2  CHILD

4FDC  4FDC  3FDC

 
      
   

Enter  in the appropriate box to indicate the date when the drugs have been swallowed under direct observation: enter  if swallowed but not supervised: enter  when not taken

Month/Year	Day																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

TB Registration No.:

e-TB Manager Registration No.:

Name & Address of Health Institution/ DOTS Center:

Pulmonary		Extra Pulmonary Site .....	
Bacteriologically Confirmed	Clinically Diagnosed <sup>ψ</sup>	Bacteriologically Confirmed	Clinically Diagnosed <sup>ψ</sup>
Smear positive <input type="checkbox"/>	Diagnosed by	Smear positive <input type="checkbox"/>	Diagnosed by
X-pert positive <input type="checkbox"/>	X-Ray <input type="checkbox"/>	X-pert positive <input type="checkbox"/>	X-Ray <input type="checkbox"/>
Culture positive <input type="checkbox"/>	Others <input type="checkbox"/>	Culture positive <input type="checkbox"/>	Others <input type="checkbox"/>

New <input type="checkbox"/>	Previously treated <input type="checkbox"/>
Treatment History Unknown <input type="checkbox"/>	Relapse <input type="checkbox"/>
Transfer in <input type="checkbox"/>	Failure <input type="checkbox"/>
	Treatment after <input type="checkbox"/>
	Loss to follow up <input type="checkbox"/>
	Others <input type="checkbox"/>

Month	Date	Result of sputum examination				Weight (kg)
		Smear	Smear	Lab No.	****X-pert result	
		1	2			
0						
2						
3						
5						
6/8						

TB/HIV		
	Date	Result
HIV Test		
** CPT start		
*** ART start		

\*\* CPT=Co-trimoxazole preventive Therapy, \*\*\* ART=Anti retro viral therapy

\_\_\_\_\_  
Signature of Medical Officer

\* PP = Private Practitioner, GFS=Government field staff, NGFS = Non Govt. field staff, SS=Shastho Shebika, VD= Village Doctor, CV=Community volunteer, CHCP=Community Health Care Provider

\*\*\*\* X-pert result

T=MTB detected Rif resistance not detected; RR=MTB detected Rif resistance detected; TI=MTB detected Rif resistance indeterminate; N=MTB not detected; I=invalid/ no result/ error.

<sup>ψ</sup> Please keep evidence in favour of diagnosis

**Tuberculosis Treatment Card (Back page)**

II. CONTINUATION PHASE-Prescribed regimen and drug dosages

Put tick  mark in the appropriate box

CAT 1

CAT 2

Child

2FDC

3FDC

2FDC

R H

R H E

R H

Enter  in the appropriate box to indicate the **date** when the drugs have been swallowed under direct observation: enter  if swallowed but not supervised: enter  when not taken

Month/Year	Day																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Treatment outcome

Date of decision \_\_\_\_\_

Cured

Treatment completed

Died

Treatment failure

Lost to follow up

Transferred out

Not evaluated

Types of drug reaction (if any):  
\_\_\_\_\_

Remarks (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer