

# NATIONAL TUBERCULOSIS CONTROL PROGRAM

TB 10

Directorate General of Health Services, Bangladesh

Quarterly report on case finding of tuberculosis

Name of District:  Name of Upazila/ DOTS Centre  Address:  Name & Signature of UH&FPO/ In-charge of DOTS/ Health Unit:	Patients registered during	Date of Completion of this Form:  Name, Designation, Signature & Contact no. of Person completed the Form:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Quarter</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Year</td> </tr> </table>		Quarter		Year
	Quarter			Year	
Population of the area:  Bact. Confirm New Cases:  Bact. Confirm CNR:					

**Block 1: All TB cases registered (excluding "Transfer in")**

Pulmonary														Extra-Pulmonary														Total (19)				
Bacteriologically Confirmed TB cases							Clinically Diagnosed							Bacteriologically Confirmed / Clinically Diagnosed TB cases																		
Treatment History Unknown (1)	New (2)		Previously treated				Treatment History Unknown (7)	New (8)		Previously treated				Treatment History Unknown (13)	New (14)		Previously treated															
			Relapses (3)	Treatment after failure (4)	Treatment after loss to follow up (5)	Others (Treatment Outcome Unknown) (6)				Relapses (9)	Treatment after failure (10)	Treatment after loss to follow up (11)	Others (Treatment Outcome Unknown) (12)				Relapses (15)	Treatment after failure (16)	Treatment after loss to follow up (17)	Others (Treatment Outcome Unknown) (18)												
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total		
Age-groups																																
0-4																																
5-14																																
15-24																																
25-34																																
35-44																																
45-54																																
55-64																																
>=65																																
Total																																

Comment (if any): \_\_\_\_\_

District:

Upazila/ Address & Ward No:

**Block 2: No. of Patients Referred by\*\*:**

Graduate PP	Non-graduate PP	GFS	SS/ NGFS	VD	CV	Govt. Hospital	Private Hospital	CHCP	TB Patient	Others (specify)	Total

Note: Like as treatment card

**Block 3: Laboratory Activity - Sputum smear microscopy**

No. of Presumptive TB cases examined for diagnosis by sputum smear microscopy			No. of Presumptive TB cases with positive sputum smear microscopy result		
Male	Female	Total	Male	Female	Total

Comment (if any):

**Block 4: Laboratory Activity – GeneXpert test**

No. of Presumptive TB cases examined by GeneXpert			No. of Presumptive TB cases with MTB positive and RIF susceptible result		
Male	Female	Total	Male	Female	Total

\* This information to be included in the Lab report form

**Block 5: TB/ HIV activities**

5 (A) Diagnosed TB cases (with high risk for HIV)	No. of TB patients tested for HIV before or during TB treatment			No. of patients found HIV positive before or during TB treatment		
	Male	Female	Total	Male	Female	Total
Bacteriologically Confirmed New/ treatment History Unknown Pulmonary TB cases						
Clinically diagnosed New/ treatment History Unknown Pulmonary TB cases						
New/ treatment History Unknown Extra Pulmonary TB cases						
All re-treatment cases						

**Block 6: PAL activities**

6 (A) No. of Respiratory Symptomatics attended		
Male	Female	Total

6 (B) No. of presumptive TB cases tested		
Male	Female	Total

5 (B) ***PLWHA presumptive for TB	No. of PLWHA tested for AFB			No. of AFB positive result among tested PLWHA		
	Male	Female	Total	Male	Female	Total

6 (C) No. of TB patients diagnosed		
Male	Female	Total

\*\* PP-Private practitioner, GFS-Govt. Field staff, SS-Shastha Shebika, NGFS-Nongovernment Field Staff, VD-Village Doctor, CV- Community Volunteer, CHCP- Community Health Care Provider

\*\*\*PLWHA-People living with HIV/AIDS