

Appendix 5 – RNTCP Request form for examination of biological specimen for TB

(Required for Diagnosis of TB, Drug Sensitivity Testing and follow up)

Patient Information			
Patient name		Age (in yrs): _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG
Patient mobile no. or other contact no.		Specimen Date of collection (DD/MM/YY) _____	<input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____
Patient address with landmark		HIV Status: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Unknown	
		High Risk Group: <input type="checkbox"/> Contact of TB/DRTB case <input type="checkbox"/> Diabetes <input type="checkbox"/> Tobacco <input type="checkbox"/> Smoker <input type="checkbox"/> Prison <input type="checkbox"/> Miner <input type="checkbox"/> Health-care worker <input type="checkbox"/> Other (specify) _____	

Name referring facility (PHI/DMC /DR-TB Centre /Laboratory/other):	CDL NIKSHAY ID: _ _ - _ _ - _ - C _ _ - _ _ _ _ _
Health Establishment ID (NIKSHAY): _ _ _ _ _	RNTCP TB Reg No. _____ Or _____ <input type="checkbox"/> Not Applicable
State: _____ District: _____ Tuberculosis Unit (TU): _____	

Reason for Testing:

Drug Sensitive TB	
Diagnosis (NIKSHAY ID _____)	Follow up (Smear and culture)
H/O anti TB Rx for >1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No	RNTCP TB Reg No _____
<input type="checkbox"/> Presumptive TB <input type="checkbox"/> Private referral	NIKSHAY ID: _____
<input type="checkbox"/> Presumptive NTM	Regimen: <input type="checkbox"/> New <input type="checkbox"/> Previously Treated Reason: <input type="checkbox"/> End IP <input type="checkbox"/> End CP Post treatment: <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> 18m <input type="checkbox"/> 24m

Drug-resistant TB	
Drug Susceptibility Testing (DST)	Follow up (Culture)
<input type="checkbox"/> Presumptive MDR TB (provide first line DST)	<input type="checkbox"/> New <input type="checkbox"/> Previously treated PMDT TB No _____ DR TB NIKSHAY ID: _____
<input type="checkbox"/> Presumptive H mono/poly (provide first and second line DST)	Regimen: <input type="checkbox"/> Regimen for H mono/poly resistant TB <input type="checkbox"/> Regimen for MDR/RR TB <input type="checkbox"/> Regimen for MDR/RR-TB + FQ/SLI resistance <input type="checkbox"/> Regimen for XDR TB <input type="checkbox"/> Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance <input type="checkbox"/> Regimen with Bedaquiline for XDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for XDR-TB <input type="checkbox"/> Regimen for mixed pattern resistance Treatment <input type="checkbox"/> month <input type="checkbox"/> week : _____
<input type="checkbox"/> Presumptive XDR TB (provide first and second line DST)	
<input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm +ve <input type="checkbox"/> Private referral <input type="checkbox"/> Discordance resolution	
<input type="checkbox"/> MDR/RR TB at Diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3 monthly for persistent culture positives (treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment <input type="checkbox"/> Discordance resolution	

Test requested:

<input type="checkbox"/> Microscopy <input type="checkbox"/> CBNAAT <input type="checkbox"/> Culture <input type="checkbox"/> DST <input type="checkbox"/> Line Probe Assay <input type="checkbox"/> Gene Sequencing <input type="checkbox"/> Other (Please Specify) _____
Requestor Name, Designation and Signature: _____ Contact Number: _____ Email ID: _____

Results:

CDL NIKSHAY ID Generated: _ _ - _ _ - _ - C _ _ - _ _ _ _ _

Microscopy (<input type="checkbox"/> ZN <input type="checkbox"/> Florescent)							
	Lab Sr. No	Visual appearance	Result				
			Negative	Scanty	1+	2+	3+
Sample A							
Sample B							
Date tested: _____		Date Reported: _____		Reported by: _____ (Name and Signature)			

Cartridge Based Nucleic Acid Amplification Test (CBNAAT)			
Sample	<input type="checkbox"/> A	<input type="checkbox"/> B	
M. Tuberculosis	<input type="checkbox"/> Detected	<input type="checkbox"/> Not Detected	<input type="checkbox"/> N/A
Rif Resistance	<input type="checkbox"/> Detected	<input type="checkbox"/> Not Detected	<input type="checkbox"/> Indeterminate* <input type="checkbox"/> N/A
Test	<input type="checkbox"/> Error (Please arrange for fresh sample)		
Date tested: _____	Date Reported: _____	Reported by: _____	
*second sample sent		(Name and Signature)	

Culture (<input type="checkbox"/> LJ <input type="checkbox"/> LC)			
Lab Sr. No	Results		
	Negative	Positive	NTM (write species) Contamination
Date Result: _____	Date Reported: _____	Reported by: _____	
		(Name and Signature)	

Line Probe Assay (LPA)	
<input type="checkbox"/> Direct <input type="checkbox"/> Indirect Lab serial _____	
First line LPA	
RpoB: --- locus control: <input type="checkbox"/> present <input type="checkbox"/> absent	
WT1: <input type="checkbox"/> present <input type="checkbox"/> absent WT2: <input type="checkbox"/> present <input type="checkbox"/> absent WT3: <input type="checkbox"/> present <input type="checkbox"/> absent WT4: <input type="checkbox"/> present <input type="checkbox"/> absent	
WT5: <input type="checkbox"/> present <input type="checkbox"/> absent WT6: <input type="checkbox"/> present <input type="checkbox"/> absent WT7: <input type="checkbox"/> present <input type="checkbox"/> absent WT8: <input type="checkbox"/> present <input type="checkbox"/> absent	
MUT1 (D516V): <input type="checkbox"/> present <input type="checkbox"/> absent MUT2A (H526Y): <input type="checkbox"/> present <input type="checkbox"/> absent MUT2B (H526D): <input type="checkbox"/> present <input type="checkbox"/> absent MUT3 (S531L): <input type="checkbox"/> present <input type="checkbox"/> absent	

Kat G: --- locus control: <input type="checkbox"/> present <input type="checkbox"/> absent	Inh A: ---- locus control: <input type="checkbox"/> present <input type="checkbox"/> absent
WT1 (315): <input type="checkbox"/> present <input type="checkbox"/> absent	WT1 (-15-16): <input type="checkbox"/> present <input type="checkbox"/> absent WT2 (-8): <input type="checkbox"/> present <input type="checkbox"/> absent
MUT1 (S315T1): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT1 (C15T): <input type="checkbox"/> present <input type="checkbox"/> absent MUT2 (A16G): <input type="checkbox"/> present <input type="checkbox"/> absent
MUT2 (S315T2): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT3A (T8C): <input type="checkbox"/> present <input type="checkbox"/> absent MUT3B (T8A): <input type="checkbox"/> present <input type="checkbox"/> absent

Second line LPA			
gyrA:----	gyrB:----	rrs:----	eis:----
locus control: <input type="checkbox"/> present <input type="checkbox"/> absent	locus control: <input type="checkbox"/> present <input type="checkbox"/> absent	locus control: <input type="checkbox"/> present <input type="checkbox"/> absent	locus control: <input type="checkbox"/> present <input type="checkbox"/> absent
WT1 (85-90): <input type="checkbox"/> present <input type="checkbox"/> absent	WT1 (536-541): <input type="checkbox"/> present <input type="checkbox"/> absent	WT1 (1401-02): <input type="checkbox"/> present <input type="checkbox"/> absent	WT1 (37): <input type="checkbox"/> present <input type="checkbox"/> absent
WT2 (89-93): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT1 (N538D): <input type="checkbox"/> present <input type="checkbox"/> absent	WT2 (1484): <input type="checkbox"/> present <input type="checkbox"/> absent	WT2 (14,12,10): <input type="checkbox"/> present <input type="checkbox"/> absent
WT3 (92-97): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT2 (E540V): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT1 (A1401G): <input type="checkbox"/> present <input type="checkbox"/> absent	WT3 (2): <input type="checkbox"/> present <input type="checkbox"/> absent
MUT1 (A90V): <input type="checkbox"/> present <input type="checkbox"/> absent		MUT2 (G1484T): <input type="checkbox"/> present <input type="checkbox"/> absent	MUT1 (C-14T): <input type="checkbox"/> present <input type="checkbox"/> absent
MUT2 (S91P): <input type="checkbox"/> present <input type="checkbox"/> absent			
MUT3A (D94A): <input type="checkbox"/> present <input type="checkbox"/> absent			
MUT3B (D94N/Y): <input type="checkbox"/> present <input type="checkbox"/> absent			
MUT3C (D94G): <input type="checkbox"/> present <input type="checkbox"/> absent			
MUT3D (D94H): <input type="checkbox"/> present <input type="checkbox"/> absent			

Final LPA Interpretation: ---			
MTB result	<input type="checkbox"/> MTB positive <input type="checkbox"/> MTB Negative	INH SLID	<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate
RIF	<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate
Quinolone	<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate
Date Result: _____	Date Reported: _____	Reported by: _____	
		(Name and Signature)	

Drug Susceptibility Test (DST) results																		
Lab Sr. No	1 st line drugs						SLI			FQ			Other					
	S	H ^(0.1)	H ^(0.4)	R	E	Z	Km	Cm	Am	Lfx	Mfx ^(0.5)	Mfx ⁽²⁾	PAS	Lzd	Cfz	Eto	Clr	Azi
Date Result: _____	Date Reported: _____	Reported by: _____																
		(Name and Signature)																
R: Resistant; S: Susceptible; C: Contaminated; – Not done																		

Other tests for TB diagnosis	
Test (Please Specify): _____	
Result: _____	

Date reported: _____	Reported by: _____
(Name and Signature)	

Appendix 6 – Referral Register for culture/DST for diagnosis and follow-up cultures

Annexure III

S No	NIKSHAY ID	Patient full name (Address/contact details)	Age & gender (M/F/T)	Name and type (PHI/DMC/TU/DTC/ DRTB Centre) of referring health facility	Reason for testing				Date		Specimen condition # (M/B/S)	Type (Sputum/Other – specify)	HIV Status (N/P/U)	Date of culture result receipt
					Diagnosis/DST		Follow up		Specimen Collection	Specimen sent to lab				
					New/ PT	@	TB No	PMDT TB No						

@ Presumptive TB – 1; Private referral – 2; At diagnosis – 3; Contact of MDR/RR TB – 4; Follow up Sm +ve at end IP – 5;

@ Presumptive DR TB, Private referral – 6; Discordance resolution – 7; Presumptive H mono/poly – 8; MDR/RR TB at Diagnosis – 9; ≥ 4 months culture positive – 10; 3 monthly for persistent culture positives – 11; Culture reversion – 12; Failure of MDR/RR-TB regimen – 13; Recurrent case of second line treatment – 14

M – Mucopurulent; B – Blood stained; S – Saliva; C – Contaminated

Referral Register for Culture/DST for diagnosis and follow-up cultures

Annexure III

Test performed (LPA/CBNAAT)	Rapid DST results							Standard DST results (R/S)							DR TB Centre			
	Date of receipt & CDL NIKSHAY ID	Valid* (Y/N)	TB † (Y/N)	RIF ‡ (R/S/IN A)	INH (R/S/NA)	Type (L/J/C)	CDL NIKSHAY ID	Results §	Type (L/J/C)	Date of receipt & CDL NIKSHAY ID	Isoniazid/mono/poly resistance	Rifampicin	Floroquinolone	Any 2 nd line Injectable	Mixed Pattern FL/SLD Resistance	Date of referral	PMDT NIKSHAY ID	Remarks

* **Valid = Y** if both Amplification Control (AC) band & Conjugate Control (CC) band present; if either 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, **S** = Sensitive, **I** = Indeterminate, **NA** = no result, judged by no locus control band on LPA strip for *rpo-B* (RIF), or for *inh-A* or *kat-G* (INH) or for *gyr-A* or *gyr-B* for FLQ or *eis* for ETH, or *rrs* 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 grower, **3+** = confluent growth, **2+** = >100 colonies, **1+** = 10 – 100 colonies; **Sc#** = Scanty <10 . Positive culture results should only be reported after identity for *M. tuberculosis* is confirmed with PNB, niacin, catalase, rapid immunoassay, or other methods

Appendix 7: RNTCP Laboratory Register for culture, CBNAAT and drug susceptibility testing

Annexure IV

S No	NIKSHAY ID	Patient's full name (Address/contact details)	Age & gender (M/F/T)	Name and type (PHI/DMC/TU/D TC/DR TB Centre) of referring health facility	Reason for testing				Date			Specimen condition # (M/B/S/C)	Type (Sputum/other- specify)	C&DST Microscopy Result				
					Diagnosis/DST	Follow up			Specimen sent to lab	Specimen receipt at laboratory	Specimen collection				New/ PT	TB No	PMDT TB No	Month of FU

@ Presumptive TB – 1; Private referral – 2; At diagnosis–3; Contact of MDR/RR TB – 4; Follow up Sm +ve at end IP – 5;

@ Presumptive MDR TB, private referral – 6; Discordance resolution – 7; Presumptive H mono/poly – 8; MDR/RR TB at diagnosis – 9; ≥ 4 months culture positive –10; 3-monthly for persistent culture positives –11; Culture reversion –12; Failure of MDR/RR-TB regimen –13; Recurrent case of second line treatment –14

M–Mucopurulent; B– Blood stained; S– Saliva; C– Contaminated

RNTCP Laboratory Register for Culture, CBNAAT and Drug Susceptibility Testing

Annexure IV

Rapid DST Results		Culture Results		Standard DST Results (R/S)														Reporting of results																	
Test performed (LPA/CBNAAT)	Date of receipt & CDL NIKSHAY ID	Valid* (Y/N)	TB † (Y/N)	RIF ‡ (R/S//NA)	INH (R/S/NA)	Type (LJ/LC)	CDL NIKSHAY ID	Results §	Type (LJ/LC)	Date of receipt & CDL NIKSHAY ID	Streptomycin	Isoniazid (0.1)	Isoniazid (0.4)	Rifampicin	Ethambutol	Pyrazinamide	Kanamycin	Amikacin	Capreomycin	Levofloxacin	Moxifloxacin (0.5)	Moxifloxacin (2.0)	Ethionamide	PAS	Linezolid	Clotazimine	Other _____	Other _____	Other _____	Date of reporting culture result	Date of reporting DST result	Remarks			

* **Valid = Y** if both Amplification Control (AC) band & Conjugate Control (CC) band present; if either 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, S = Sensitive, I = Indeterminate, NA = no result**, judged by no locus control band on LPA strip for *rpo-B* (RIF), or for *inh-A* or *kat-G* (INH) or for *gyr-A* or *gyr-B* for FLQ or *eis* for ETH, or *rrs* for SLI. In case of CBNAAT, specify for NA, i.e. Error, Invalid, No Result
§ **Negative** = no growth, **Conta** = contaminated, **NTM** = Non-Tuberculosis Mycobacterial/fast grower, **3+** = confluent growth, **2+** = >100 colonies, **1+** = 10-100 colonies; **Sc#**: Scanty <10 . Positive culture results should only be reported after identity for *M. tuberculosis* is confirmed with PNB, Niacin, Catalase, Rapid Immunoassay, or other methods.

Appendix 8: RNTCP PMDT Referral for treatment form

Annexure V

(Fill in duplicate. Send one copy to the concerned facility receiving the patient, and file the duplicate.)

Name and address of referring unit (District TB Centre/DR TB Centre): _____

e-mail address of referring unit: _____

Name of the facility where patient is referred: _____

Name of patient: _____ Age: _____ Gender: _____

Complete address: _____

Patient detail	
<p>Disease classification: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra pulmonary (site _____)</p> <p>Type: <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> TA LFU <input type="checkbox"/> Failure <input type="checkbox"/> Others</p> <p style="text-align: center;">Reason for testing:</p> <p><input type="checkbox"/> Presumptive MDR-TB <input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm +ve <input type="checkbox"/> Private referral <input type="checkbox"/> Discordance resolution</p> <p><input type="checkbox"/> Presumptive H mono/poly <input type="checkbox"/> Presumptive XDR-TB <input type="checkbox"/> MDR/RR TB at diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3-monthly for persistent culture positives (treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment <input type="checkbox"/> Discordance resolution</p>	<p>Latest TB No: _____</p> <p>Latest regimen: <input type="checkbox"/> Regimen for INH mono/poly resistant TB <input type="checkbox"/> Regimen for MDR/RR TB <input type="checkbox"/> Regimen for MDR/RR-TB + FQ/SLI resistance <input type="checkbox"/> Regimen for XDR TB <input type="checkbox"/> Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance <input type="checkbox"/> Regimen with Bedaquiline for XDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for XDR-TB <input type="checkbox"/> Regimen for mixed pattern resistance</p>
<p style="text-align: center;"><u>Sputum, culture and DST details</u></p> <p>Date of culture result: ___/___/___ Date of DST/LPA/CBNAAT result: ___/___/___ DST/LPA/CBNAAT result* : <input type="checkbox"/> S <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> Z <input type="checkbox"/> Km <input type="checkbox"/> Am <input type="checkbox"/> Cm <input type="checkbox"/> Lfx <input type="checkbox"/> Mfx (0.5) <input type="checkbox"/> Mfx (2.0) <input type="checkbox"/> Eto <input type="checkbox"/> PAS <input type="checkbox"/> LZD <input type="checkbox"/> CFZ <input type="checkbox"/> ___ <input type="checkbox"/> ___ <input type="checkbox"/> ___ (* Tick the drugs to which resistance is demonstrated)</p>	<p style="text-align: center;"><u>DR TB treatment details</u></p> <p>PMDT NIKSHAY ID: _____ DR TB Centre: _____ Date of DR TB regimen initiation: : ___/___/___ Number of doses: _____</p>

Date of regimen change and details of change: _____

Past exposure to second-line a-ntiTB drugs: Drugs (duration) _____

HIV Status: Pos Neg Not known Date of CPT initiation: _____ Date of ART initiation: _____

Date of referral to DR-TB Centre / DTC: Day _____ Month _____ Year _____

Referred 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) _____

Name and designation of the referring doctor _____

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 patient reported at the receiving health facility.

Appendix 9: RNTCP PMDT Treatment Card

Annexure VIII

NIKSHAY ID	CDL NIKSHAY ID	PMDT NIKSHAY ID	PMDT TB No

Patient's name: _____ Name, designation of treatment supporter: _____

Age: _____ yrs Gender: Male Female Transgender

Address: _____

Contact No of treatments: _____

State: _____ District: _____

TB Unit: _____ PHI: _____

Initial home visit: Date _____ By: _____

Marital status: _____

Occupation: _____

Contact No: _____ DR TB Centre: _____

Reason for Testing	
H/O of anti-TB Rx for >1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Presumptive MDR TB <input type="checkbox"/> Presumptive H mono/poly	<input type="checkbox"/> New <input type="checkbox"/> Previously Treated <input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm+ve at end IP <input type="checkbox"/> Private referral
	<input type="checkbox"/> MDR/RR TB at diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3 monthly for persistent culture positives (treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment

Transfer in from Other DR TB Centre

Name of DR TB Centre _____

PMDT NIKSHAY ID _____

HIV Testing: Date: _____ Result: _____ PID no. _____

Date of starting CPT: _____ Date of starting ART: _____

Contact tracing:

No of household contacts	_____
No of members screened	_____
No of presumptive TB cases identified	_____
No of presumptive TB cases evaluated	_____
No diagnosed with TB	_____
No of DR- TB diagnosed	_____

TB Site: Pulmonary Extra Pulmonary
 If extra pulmonary, please specify _____

Treatment regimen

- Regimen for H mono/poly resistant TB
- Regimen for MDR/RR TB
- Regimen for MDR/RR-TB + FQ/SLI resistance
- Regimen for XDR TB
- Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance
- Regimen with Bedaquiline for XDR-TB
- Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance
- Regimen with Bedaquiline for failures of regimen for XDR-TB
- Regimen for mixed pattern resistance

Initiation Date: _____
 Registration Date: _____

Drugs and Dosages	
Drugs	Dose (mg)
H	
R	
E	
Z	
Km	
Am	
Cm	
Lfx	
Mfx	
Cs	
Eto	
PAS	
Lzd	
Ctz	
Amx clv	
Clr	
BDQ	

Patient Eligible and Consented for BDQ: Yes No

If No, reason _____

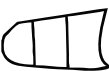
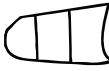
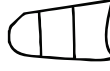
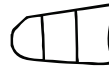
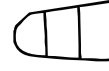
Name & Signature of Treating Physician: _____

DR-TB Centre Committee meetings – dates and decisions	
Date	Decision
	Duration of indoor stay

Month of Treatment	Culture Results			Other Investigations					
	Date	Lab No	Culture	S. Cr	LFT	ECG*-QTC Interval	CBC/Platelets	Electrolyte (K, Mg, Ca)	Urine Gravindex
Diagnosis									
1 st week									
2 nd week									
3 rd week									
4 th week									
1m									
2m									
3m									
4m									
5m									
6m									
7m									
8m									
9m									
10m									
11m									
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26m									
27m									
28m									
29m									
30m									
31m									
32m									
33m									
34m									
35m									

Patient's Name: _____

Blood Sugar Testing:		Thyroid Function Test	
Date: _____	_____	Month	Zero
RBS: _____	_____	Date	Six
FBS: _____	_____	T3	
ADT* _____	_____	T4	
(*write date of starting)		TSH	

				
Date of X-ray Findings _____	Date of X-ray Findings _____	Date of X-ray Findings _____	Date of X-ray Findings _____	Date of X-ray Findings _____

*ECG to be done daily (first 2 weeks), weekly (for 3 months) then monthly

ADMINISTRATION OF DRUGS (one line per month)

Patient's Name:-

Month/Yr	Day																															Weight in kg									
	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										

Mark in the boxes: ✓ = directly observed; (✓) = Unsupervised; (○) = drugs not taken; X = initiation of new box; Recording of CP should start from fresh line.

Month/Yr	Day																															Weight in kg						
	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							

Mark in the boxes: ✓ = directly observed; (✓) = Unsupervised; (○) = drugs not taken; X = initiation of new box; Recording of CP should start from fresh line.

Date of retrieval action	By whom	Who contacted	Reason for missed doses	Outcome of retrieval action

Date of adverse drug reaction	Details of symptoms	Action taken

Treatment outcome	Date	Remarks
Cured		
Treatment completed		
Died		
Failed – Culture non conversion		
Failed – Culture reversion		
Failed – Additional drug resistance		
Failed – Adverse Drug Reaction		
Lost to follow up		
Regimen Change		
<i>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</i>		

Comments:

Name & Signature of Treating Physician:

Follow up	Post treatment follow up clinical & sputum		
	Clinical	Sputum	CXR
6 months of Rx			Impression
12 months of Rx			
18 months of Rx			
24 months of RX			

Type of DR TB Patient RRTB/MDRTB/XDR TB	DRTB Regimen #	Date of Treatment Initiation	Culture and DST Results at initiation and during DR TB Treatment (Treatment months)		TB/HIV Collaborative activities				Final Treatment Outcome	Remarks
					Date of Test	PID No	HIV Status	Date of CPT initiation		
			0	Culture	dd/mm/yy					
			3	Culture	dd/mm/yy					
			4	Culture	dd/mm/yy					
			5	Culture	dd/mm/yy					
			6	Culture	dd/mm/yy					
			7	Culture	dd/mm/yy					
			9	Culture	dd/mm/yy					
			12	Culture	dd/mm/yy					
			15	Culture	dd/mm/yy					
			16	Culture	dd/mm/yy					
			17	Culture	dd/mm/yy					
			18	Culture	dd/mm/yy					
			19	Culture	dd/mm/yy					
			20	Culture	dd/mm/yy					
			21	Culture	dd/mm/yy					
			22	Culture	dd/mm/yy					
			23	Culture	dd/mm/yy					
			24	Culture	dd/mm/yy					
			25	Culture	dd/mm/yy					
			26	Culture	dd/mm/yy					
			27	Culture	dd/mm/yy					
			28	Culture	dd/mm/yy					
			29	Culture	dd/mm/yy					
			30	Culture	dd/mm/yy					
			31	Culture	dd/mm/yy					
			32	Culture	dd/mm/yy					
			33	Culture	dd/mm/yy					
			34	Culture	dd/mm/yy					
			35	Culture	dd/mm/yy					
			36	Culture	dd/mm/yy					

Cases put on: Regimen for H mono/poly 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 MDR-TB + FQ/SLI resistance – 5; Regimen with Bedaquiline for XDR-TB – 6; 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

Appendix 11: RNTCP PMDT TB identity card

Name: _____
 Address: _____

 Contact No: _____
 PMDT TB number: _____
 PMDT NIKSHAY ID: _____
 DR TB Centre: _____
 District: _____
 TB Unit: _____
 DOT Centre: _____
 Name of DOT provider: _____
 Contact Number of DOT provider: _____

Treatment regimen:

- Regimen for H mono/poly resistant TB
- Regimen for MDR/RR TB
- Regimen for MDR/RR-TB + FQ/SLI resistance
- Regimen for XDR TB
- Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance
- Regimen with Bedaquiline for XDR-TB
- Regimen with Bedaquiline for failures of regimen for MDR-TB + FQ/SLI resistance
- Regimen with Bedaquiline for failures of regimen for XDR-TB
- Regimen for mixed pattern resistance

CPT ART Diabetic Smoker

Date of starting treatment: (DD/MM/YYYY) _____

Culture follow-up results	
Month _____	Month _____
Month _____	Month _____
Month _____	Month _____
Month _____	Month _____
Month _____	Month _____
Month _____	Month _____
Month _____	Month _____

Treatment outcome: _____
 Date: _____

Appointment dates

**In case of side effects or queries please contact
 Name and contact number:**

Appendix 12: RNTCP PMDT Quarterly report on Case Finding

Annexure XI

Name of state: _____ Name of DR-TB Centre: _____ Name of reporting officer: _____

Names of districts served: _____ Name of Culture/DST laboratory : _____

Reporting period: _____ Date of completing this form: _____ Designation of Reporting Officer: _____

Block 1 A: Aggregated report on DR-TB case finding

a) Total no of Presumptive TB patients tested	
b) Out of "a" above, total no of TB patients diagnosed	
c) Out of "a" above, total no of RR TB patients diagnosed	
d) Total no of presumptive DR TB patients tested	
e) Out of "d" above, total no of patients tested on CBNAAT	
f) Out of "d" above, total no of patients tested on LPA/CDST	
g) Out of "d" above, total no of H mono/poly-resistant TB patients diagnosed	
h) Out of "d" above, total no of RR/MDR-TB patients diagnosed	
i) Out of "e" above, total no of RR-TB patients diagnosed (CBNAAT tested)	
j) Out of "f" above, total no of RR/MDR-TB patients diagnosed (LPA/CDST tested)	

Block 1B : Results of CBNAAT offered to presumptive TB cases

	New presumptive TB				Previously treated presumptive TB			
	PLHIV	Pediatric	Extra pulmonary	Private	PLHIV	Pediatric	Extra pulmonary	Private
a) Presumptive TB cases tested								
b) TB cases diagnosed								
c) RR TB cases diagnosed								
Total								

Block 1C : Results of genotypic/phenotypic DST offered to presumptive MDR TB cases (offered first-line DST)

	New TB Case				Previously treated TB Case					
	HIV-TB	Contact	Follow-up smear positive	Private	Others	HIV-TB	Contact	Follow-up smear positive	Private	Other
d) Presumptive DR TB case tested										
i) among above tested on CBNAAT										
ii) among above tested on LPA/CDST										
e) H mono/poly resistant TB cases diagnosed										
f) MDR TB/RR-TB cases diagnosed										
iii) among i) above (tested on CBNAAT)										
iv) among ii) above (tested on LPA/CDST)										

Block 1D : Results of genotypic/phenotypic DST offered to presumptive XDR TB cases (offered first- and second-line DST)

	Baseline (at diagnosis)	During DR TB treatment	After Treatment (Failure/ recurrent)	Total
h) Number of MDR/RR TB cases offered second-line DST				
i) Any FQ-resistant MDR/RR-TB cases diagnosed				
ii) Any SLI-resistant MDR/RR-TB cases diagnosed				
iii) XDR-TB cases diagnosed				
iv) Mixed pattern resistant TB cases diagnosed				
Total				

Block 2: All drug resistant TB cases registered during the quarter

Particulars of DR-TB cases put on	Age group			Total	Male	Female	Trans gender	Total
	≤ 5 years	5 - 14 years	> 14 years					
Regimen for H mono/poly resistant TB								
Regimen for MDR/RR-TB								
Regimen for MDR/RR-TB + FQ/SLI resistance								
Regimen for XDR TB								
Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance								
Regimen with Bedaquiline for XDR-TB								
Regimen with Bedaquiline for failures of regimen for MDR-TB + FQ/SLI resistance								
Regimen with Bedaquiline for failures of regimen for XDR-TB								
Regimen for mixed pattern resistance								

Block 3: DR-TB by HIV status

Particulars of DR-TB cases put on	Number of cases registered	Of all registered DR-TB cases, No. known to be tested for HIV (a)	Of (a), total number of HIV-infected DR TB patients identified (b)	Of (b), number receiving CPT during DR-TB treatment	Of (b), Number receiving ART during DR TB treatment
Regimen for H mono/poly resistant TB					
Regimen for MDR/RR-TB					
Regimen for MDR/RR-TB + FQ/SLI resistance					
Regimen for XDR TB					
Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance					
Regimen with Bedaquiline for XDR-TB					
Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance					
Regimen with Bedaquiline for failures of regimen for XDR-TB					
Regimen for mixed pattern resistance					

Appendix 13: RNTCP PMDT 6-Month Interim Report

Annexure XII

Name of state: _____ Name of DR-TB Centre: _____ Name of reporting officer: _____

Names of districts served: _____ Name of Culture/DST laboratory : _____

Reporting period: _____ Date of completing this form: _____ Designation of Reporting Officer: _____

Block 1: All DR TB cases

Particulars of DR-TB cases put on	Number of cases registered in the reporting quarter	Patients alive and on treatment at 6 months from treatment initiation			Patients alive and on treatment at 6 months from treatment initiation					
		6-month culture negative	6-month culture negative	6-month culture negative	Died	Lost to follow up	Not evaluated	Treatment stopped due to adverse reactions	Treatment stopped due to any other reasons	Regimen change
Regimen for H mono/poly resistant TB										
Regimen for MDR/RR-TB										
Regimen for MDR/RR-TB + FQ/SLI resistance										
Regimen for XDR-TB										
Regimen with Bedaquiline for										

MDR-TB + FQ/SLI resistance																							
Regimen with Bedaquiline for XDR-TB																							
Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance																							
Regimen with Bedaquiline for failures of regimen for XDR-TB																							
Regimen for mixed pattern resistance																							

Block 2 : Interim TB HIV Report

Particulars of DR-TB / HIV cases put on	Number of cases registered in the reporting quarter	Patients alive and on treatment at 6 months from treatment initiation			Patients alive and on treatment at 6 months from treatment initiation																			
		6-month culture negative	6-month culture negative	6-month culture negative	Died	Lost to follow up	Not evaluated	Treatment stopped due to adverse reactions	Treatment stopped due to any other reasons	Regimen change														
Regimen for H mono/poly resistant TB																								
Regimen for MDR/RR-TB																								
Regimen for																								

MDR/RR-TB + FQ/SLI resistance																				
Regimen for XDR-TB																				
Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance																				
Regimen with Bedaquiline for XDR-TB																				
Regimen with Bedaquiline for failures of regimen for MDR-TB + FQ/SLI resistance																				
Regimen with Bedaquiline for failures of regimen for XDR-TB																				
Regimen for mixed pattern resistance																				

Appendix 14: RNTCP PMDT 12-month Culture Conversion Report

Annexure XIII

Name of state: _____ Name of DR-TB Centre: _____ Name of reporting officer: _____

Names of districts served: _____ Name of Culture/DST laboratory : _____

Reporting period: _____ Date of completing this form: _____ Designation of Reporting Officer: _____

Block 1: All DR TB cases

Particulars of DR-TB cases put on	Number of cases registered in the reporting quarter	Patients alive and on treatment at 12 months from treatment initiation			Patients alive and on treatment at 12 months from treatment initiation					
		12-month culture negative	12-month culture negative	12-month culture negative	Died	Lost to follow up	Not evaluated	Treatment stopped due to adverse reactions	Treatment stopped due to any other reasons	Regimen change
Regimen for H mono/poly resistant TB										
Regimen for MDR/RR-TB										
Regimen for MDR/RR-TB + FQ/SLI resistance										
Regimen for XDR-TB										
Regimen with Bedaquiline for										

MDR-TB + FQ/SLI resistance																				
Regimen with Bedaquiline for XDR-TB																				
Regimen with Bedaquiline for failures of regimen for MDR-TB ± FQ/SLI resistance																				
Regimen with Bedaquiline for failures of regimen for XDR-TB																				
Regimen for mixed pattern resistance																				

Block 2 : : TB HIV Report

Particulars of DR-TB / HIV cases put on	Number of cases registered in the reporting quarter	Patients alive and on treatment at 12 months from treatment initiation			Patients alive and on treatment at 12 months from treatment initiation																
		12-month culture negative	12-month culture negative	12-month culture negative	Died	Lost to follow up	Not evaluated	Treatment stopped due to adverse reactions	Treatment stopped due to any other reasons	Regimen change											
Regimen for H mono/poly resistant TB																					
Regimen for MDR/RR-TB																					

Appendix 15: RNTCP PMDT Report on result of treatment of MDR/XDR-TB patients

Annexure XIV

Name of state: _____ Name of DR-TB Centre: _____ Name of reporting officer: _____

Names of districts served: _____ Name of Culture/DST laboratory : _____

Reporting period: _____ Date of completing this form: _____ Designation of Reporting Officer: _____

Block 1: All DR TB cases

Particulars of DR-TB cases put on	Gender	Number of MDR/XDR-TB cases registered on treatment	Cured	Treatment completed	Died	Failed culture non-conversion	Failed culture reversion	Failed additional drug resistance	Failed adverse drug reaction	Loss to follow up	Regimen change*	Still on treatment	Total
Regimen for H mono/poly resistant TB	Male												
	Female												
	TG												
	Total												
Regimen for MDR/RR-TB	Male												
	Female												
	TG												
	Total												

Regimen for MDR/RR-TB + FQ/SLI resistance	Male																				
	Female																				
	TG																				
	Total																				
Regimen for XDR-TB	Male																				
	Female																				
	TG																				
	Total																				
Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance	Male																				
	Female																				
	TG																				
	Total																				
Regimen with Bedaquiline for XDR-TB	Male																				
	Female																				
	TG																				
	Total																				
Regimen with Bedaquiline for failures of regimen for	Male																				
	Female																				
	TG																				

MDR-TB ± FQ/SLI resistance	Total																		
	Male																		
	Female																		
	TG																		
Regimen with Bedaquiline for failures of regimen for XDR-TB	Total																		
	Male																		
	Female																		
	TG																		
Regimen for mixed pattern resistance	Total																		
	Male																		
	Female																		
	TG																		

* Regimen Change following baseline second line DST

Block 2: : TB HIV Report

Particulars of DR-TB / HIV cases put on	Total no of known HIV-TB patients out of all registered in the reported quarter	Cured	Treatment completed	Died	Failed culture non conversion	Failed culture reversion	Failed Additional Drug Resistance	Failed Adverse Drug Reaction	Loss to Follow Up	Regimen Change*	Still on treatment	Total
Regimen for H mono/poly resistant TB												
Regimen for												

MDR/RR-TB																				
Regimen for MDR/RR-TB + FQ/SLI resistance																				
Regimen for XDR-TB																				
Regimen with Bedaquiline for MDR-TB + FQ/SLI resistance																				
Regimen with Bedaquiline for XDR-TB																				
Regimen with Bedaquiline for failures of regimen for MDR-TB + FQ/SLI resistance																				
Regimen with Bedaquiline for failures																				

of regimen for XDR-TB																				
Regimen for mixed pattern resistance																				

* Regimen Change following baseline second line DST

Appendix 16: Monthly Stock Report for Stocks & Indenting of Second Line Drugs at DR-TB Center (RNTCP)

Monthly Stock Report for Stocks & Indenting of Second line drugs at DR-TB Centre

Monthly Report showing the receipt & Issue of MDR Drugs as on ____Qtr ____ -(month/year) for DR-TB CentreDTC _____									
Sr. No	Nomenclature	A/U	Opening Balance (A)	Receipts		Balance Stores D=A+B-C	D.O.M (One row for each drug)	D.O.E (One row for each drug)	Qty required (C x 2)-D
				Receipt during the month (B)	Qty issued (C)				
1	KANAMYCIN (Km) - 500 mg	Vials							
2	KANAMYCIN (Km) - 1000 mg	Vials							
3	OFLOXACIN (Ofx) - 200 mg	Tabs							
4	OFLOXACIN (Ofx) - 400 mg	Tabs							
5	LEVOFLOXACIN (Lfx)-250mg	Tabs							
6	LEVOFLOXACIN (Lfx)-500mg	Tabs							
7	CYCLOSERINE (Cs) -250 mg	Caps							
8	ETHIONAMIDE (Eto) - 250 mg	Tabs							
9	PYRAZINAMIDE (Z) - 500 mg	Tabs							
10	PYRAZINAMIDE (Z) - 750 mg	Tabs							
11	ETHAMBUTOL(E) - 200 mg	Tabs							
12	ETHAMBUTOL(E) - 400 mg	Tabs							
13	ETHAMBUTOL(E) - 800 mg	Tabs							
14	PYRIDOXIN-50Mg	Tabs							
15	PYRIDOXIN - 100 mg	Tabs							
16	SODIUM PARA-AMINOSALICYLATE (NA PAS) 4gm Sachets (Box of 250 sachets)	Sachets							
17	SODIUM PARA-AMINOSALICYLATE (NA PAS) 10gm Sachets (Box of 100 sachets)	Sachets							
18	SODIUM PARA-AMINOSALICYLATE (NA PAS)-100gm jars	Box (100g)							
Substitute Drugs									
19	CAPREOMYCIN (Cm)-750 mg	Vials							
20	CAPREOMYCIN (Cm)-1000 mg	Vials							
21	MOXIFLOXACIN (Mfx)-400mg	Tabs							
22	Bedaquiline	Containers							

Weight Band	< 16 kg	16-25 kg	26-45 kg	46-70 kg	>70 kg
Number of MDR TB patients initiated on treatment during that month					

Appendix 17: Monthly Stock Statement of State Drug Stores - SDS (RNTCP)

Monthly Stock Statement of SDS											for the month of					
Sr. No.	Nomenclature	A/U	Opening Balance	Receipts during			Issues during the month			Balance Stock	DOM (One row for each drug)	DOE (One row for each)		Remarks		
				Receipt from Mig	Transfer In / Returns	Qty issued for boxes	Qty issued to DRTB centre	Transfer Out	Quantity			DOE				
			(a)	(b)	(c)	(d)	(e)	(f)	(g)= (a+b+c-d-e-f)							
Loose Drugs																
1	KANAMYCIN (Km) - 500 mg	Vials														
2	KANAMYCIN (Km) - 1000 mg	Vials														
3	LEVOFLOXACIN (Ltx)-250mg	Tabs														
4	LEVOFLOXACIN (Ltx)-500mg	Tabs														
5	CYCLOSERINE (Cs) -250 mg	Caps														
6	ETHIONAMIDE (Eto) - 250 mg	Tabs														
7	ETHIONAMIDE (Eto) - 125 mg	Tabs														
8	PYRAZINAMIDE (Z) - 500 mg	Tabs														
9	PYRAZINAMIDE (Z) - 750 mg	Tabs														
10	ETHAMBUTOL(E) - 200 mg	Tabs														
11	ETHAMBUTOL(E) - 400 mg	Tabs														
12	ETHAMBUTOL(E) - 800 mg	Tabs														
13	PYRIDOXIN-50mg	Tabs														
14	PYRIDOXIN - 100 mg	Tabs														
15	SODIUM PARA-AMINOSALICYLATE (Na PAS) 4gm/9.2g	Sachets														
16	SODIUM PARA-AMINOSALICYLATE (Na PAS) 10gm	Sachets														
17	SODIUM PARA-AMINOSALICYLATE (Na PAS)-100gm	Jar/Tin														

Substitute Drugs												
18	CAPREOMYCIN (Cm)-500 mg	Vials										
19	CAPREOMYCIN (Cm)-750 mg	Vials										
20	CAPREOMYCIN (Cm)-1000 mg	Vials										
21	MOXIFLOXACIN (Mx)-400mg	Tabs										
22	Bedaquiline	HDPE Container										

S.No.	Nomenclature	A/U	Opening Balance	Receipt during the month	Qty issued	Closing Balance	D.O.E (One row for each box)
			(a)	(b)	(c)	(d)	(e)
Monthly Patient Wise Boxes							
1	Type-A (<16 Kg Body Weight Patient)	PWB					
2	Type-A (16-25 Kg Body Weight Patient)	PWB					
3	Type-A (26- 45 Kg Body Weight Patient)	PWB					
4	Type-A (46-70 Kg Body Weight Patient)	PWB					
5	Type-A (>70 Kg Body Weight Patient)	PWB					
6	Type-B (<16 Kg Body Weight Patient)	PWB					
7	Type-B (16-25 Kg Body Weight Patient)	PWB					
8	Type-B (26- 45 Kg Body Weight Patient)	PWB					
9	Type-B (46- 70 Kg Body Weight Patient)	PWB					
10	Type-B (> 70 Kg Body Weight Patient)	PWB					
11	Type-C (Na PAS)	PWB					

Weight Band	< 16 kg	16-25 kg	26-45 kg	45-70 kg	>70 kg
Number of MDR TB patients Initiated on					

Note : Information regarding Receipts & Issues to be mentioned in the REMARKS column. Data to be posted only in coloured cells

Detail of Loose Drugs issued to DR-TB Centre for the month

S. No.	Name of DR-TB Centre	Date of Issue	Kanmycin-500mg	Kanmycin-1000mg	Levofloxacin-250mg	Levofloxacin-500mg	Cycloserine-250mg	Ethionamide-250mg	Ethionamide-125mg	Pyrazinamide-500mg	Pyrazinamide-750mg	Ethambutol-200mg	Ethambutol-400mg	Ethambutol-800mg	Pyridoxine-100mg	Pyridoxine-50mg	Sodium Para-Aminosalicylate-4G	Sodium Para-Aminosalicylate-10G	Sodium Para-Aminosalicylate-100G	Capreomycin (Cm)-500mg	Capreomycin (Cm)-750mg	Capreomycin (Cm)-1000mg	Moxifloxacin (Mx)-400mg	Bedaquiline		
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
GRAND TOTAL			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: Data to be posted only in coloured cells