Government of the People's Republic of Bangladesh National TB Control Programme Programmatic Management of Drug Resistant Tuberculosis (PMDT) Requisition form for DR TB drugs/Ancillary drugs/ other logistics and consumables (page 1 of 2)

Quarter	Year
Name of the Treatment Center	
District 1	Division
Name and Designation of the Person Filling the	he Form
Cell Number	

DR TB Drugs									
Name of Drugs	Number of DR TB Cases on Treatment = a			■ Quantity Required per pt per Month =*b	Stock in Hand = c	Quantity Required = **d= (a x 4 x b)-c	Actual Quantity	Remark	
	MDR	XDR	Other DR	(Number of Doses x Number of Days)	Trand – C	(a x 4 x b)-c	Supplied		
Pyrazinamide(Z) (500 mg tab)									
Kanamycin-1 gm (Km) vial (only for IP)									
Ethionamide (Eto) (250 mg tab)									
Cycloserine (Cs) (250 mg tab)									
Ofloxacin (Ofx) (400 mg)									
Levofloxacin (Lfx) (250 mg tab)									
Moxifloxacin (Mfx) (400 mg tab)									
Clofazimine (Cfz) (50 mg Tab)									
Amox/Clav (500/125 mg) (Tab)									
***Linezolid (Lzd) (600 mg)									
Capreomycin-1gm (Cm) vial (only for IP)									
PAS (4 gm sachet)									

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other logistics and consumables (page 2 of 2)

Ancillary Drugs and Other Logistics and Consumables

Name of Drugs	Number of DR TB Cases on Treatment = a			■ Quantity Required per pt per Month =*b	Stock in Hand = c	Quantity R equired = **d=	Actual Quantity	Remark		
	MDR	XDR	Other DR	(Number of Doses x Number of Days)	Tranu – C	(a x 4 x b)-c	Supplied			
Omeprazole (20 Mg)										
Domperidone (10 Mg)										
****pyridoxine (25 Mg)										
Multivitamin										
Alprazolam (0.5mg)										
Others****										

- * b = Average number of drugs needed per day per patient x No of Days (follow National PMDT guidelins of NTP)
- ** d = This column in not required to fill up when supplying drugs and logistics to DOT Provider
- ***Linozolid (600 mg) = Two tab daily for one month and calculate rest of the months as one tab daily
- ****Pyridoxine (25 mg) = 50 mg Pyridoxine for every 250 mg of Cycloserine
- ***** Others = Example: N-95 respirator, surgical mask, syringe, needles, water for injections, recording and reporting for mats etc.

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Signature:	•••••	
Name and Designation of the treatment centre a	utho	rity
	Date :	