Government of the People's Republic of Bangladesh National Tuberculosis Control Program Programatic Management of Drug Resistant Tuberculosis (PMDT) Quarterly Report on DR TB Case Registration (page 1 of 2)

Form DR TB 08

Name of the Treatment Center:		Namber of Patients Registered in the DR TB Register:							
Name of PMDT Coordinator:		 During	Quarter of Year						
Designation:	Organization								
Phone Number:		Date of Completion	n of the Form:						
Signature:									

Block 1: Patient Registered in DR TB Register and Started on DR TB Regimen (Age and Sex Distribution)

Types of DR TB		0-4 5-9		10	10-14		15-24		25-34		35-44		45-54		-64	>65		Total				
Types of	DK IB	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	Total
(i) RR	Shorter Regimen Longer																					
(ii) MDR	Regimen Shorter Regimen Longer Regimen																					
(iii) Pre																						
(iv) X	DR																					
(v) Other DR																						
Grand Total	Shorter Regimen Longer Regimen																					
	Total																					

Comment if any:

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Quarterly Report on DR TB Case Registration (page 2 of 2)

	Block 2: DR TB Cases	(RR+MDR)	Registered During	g the Quarte
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BIOCK Z. DI	Bacteriologically confrimed (Pulmonary)																Others (Specify) (13)							
CAT I Non Convertor (Remain Positive at month of 2).	CAT I Failure (Remain pos. at 5 mor later/Negative Patient positive at month 2).	after loss to follow up-	CAT I Relapse	positive at	CAT II Failure (Remain pos at 5 or 8 month/negative patient positive at month 3).	loss to follow	CAT II Relapse	Relapse after MDR-TB treatment	Transform in (form another DR TB treatment initiation center).	Clos	Close Contact of DR TB With S/S		I natients with LR			Pulmonary- Clinically diagnosed		lý	Extra pulmonary		onary	Pulmonary Bacteriologi cally confirmed		Total (14)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)			(12)			(i)			(ii)		(ii	ii)	
										a) Uhknown Hstory	waN (q	c) Previously Treated	a) Uhknown History	b) New	c) Previously Treated	a) Uhknown History	weN (q	c) Previously Treated	a) Uhknown History	wan (q	c) Previously Treated	a) Uhknown History	man (q	

Block 3: HIV status among DR-TB patients

	<15 ye	ears	15 years	and above	Total				
	Male	Female	Male	Female	Male	Female			
HIV +ve									
HIV -ve									
Unknown									
Total									

Comment if any

Name of the Person Filled the Form:	Designation:	Phone no:	
Organization: Government/Non Government (Specify):	Signature:	Date:	

Block 4: Category of DR TR	/UN/ Dationt Dogistrod	During the Quarter

						1)	pes o	r patie	ent						
				Pulm	onary				Ex	tra Pu					
	Age Group	Bacteriologically Confirmed			Clinically diagnosed			Bacteriologically Confirmed			Clinically diagnosed			Number of Patient on	Number of
		a) Uhknown History	b) New	c) Previously Treated	a) Uhknown History	man (q	c) Previously Treated	a) Uhknown History	b) New	c) Previously Treated	a) Uhknown History	b) New	c) Previously Treated	ART	patient on CPT
	< 15 years														
	15 years and above														
	Total														