

Government of the People's Republic of Bangladesh
National Tuberculosis Control Program
 Programmatic Management of Drug Resistant Tuberculosis (PMDT)
Treatment Outcome Report of DR TB patients (Longer Regimen)
 To be Filled in 24 & 36 Months after Treatment initiation (Page 1 of 4)

Form DR TB 09

Name of the Treatment Center: _____

Reprting month: 24 Month 36 Month

Name of PMDT Coordinator: _____

Patients Registered: During _____ Quarter of Year _____

Designation: _____ Organization _____

Date of Completion of the form: _____

Phone Number: _____

Signature: _____ Date _____

Block 1: Treatment Outcome According to the Types of DR TB Patients

Patient group			Total number of DR TB patients registered during the quarter	Shifted from shorter regimen	Outcome							Total	
					Cured	Treatment completed	Treatment Failed	Died	Lost to follow up	Transferred out	Still on treatment		Not evaluated
(i) RR	<15 years	M											
		F											
	≥ 15 years	M											
		F											
(ii) MDR	<15 years	M											
		F											
	≥ 15 years	M											
		F											
(iii) Pre-XDR	<15 years	M											
		F											
	≥ 15 years	M											
		F											
(iv) XDR	<15 years	M											
		F											
	≥ 15 years	M											
		F											
(v) Other DR	<15 years	M											
		F											
	≥ 15 years	M											
		F											
Total	<15 years	M											
		F											
	≥ 15 years	M											
		F											
Grand Total													

Comment if any: _____

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Form DR TB 09

Block 2: Treatment Outcome According to the Registration Group

Registration group (code)	Total number of DR TB patients registered during the quarter	Shifted from shorter regimen	Outcome								Total
			Cured	Treatment completed	Treatment failed	Died	Lost to follow up	Transferred out	Still on treatment	Not evaluated	
1. CAT I Non converter (remain positive at month 2)											
2. CAT I Failure (remain pos. at 5 m or later/ Negative patient posit. at m 2)											
3. Treatment after loss to follow up CAT I											
4. Cat I Relapses											
5. Cat II Non converter (remain positive at month of 3)											
6. CAT II Failure (remain pos. at 5 or 8 m./Negative patient positive at month 3)											
7. Treatment after loss to follow up CAT II											
8. CAT II Relapses											
9. Relapse after MDR-TB treatment											
10. Transfer In (from another DR TB treatment initiation center)											
11. Close contact of DR TB with S/S											
a) Unknown History											
b) New											
c) Previously treated											
12. HIV infected patients with TB S/S											
a) Unknown History											
b) New											
c) Previously treated											
13. Other (Specify)											
i) Pulmonary- Clinically diagnosed											
a) Unknown History											
b) New											
c) Previously treated											
ii) Extra Pulmonary											
a) Unknown History											
b) New											
c) Previously treated											
iii) Pulmonary - Bacteriologically confirmed											
a) Unknown History											
b) New											
Grand Total											

Comment if any:

Name of the Person Filled the Form: _____

Designation: _____ Phone no: _____

Organization: Government/Non Government (Specify): _____

Signature: _____ Date: _____

Government of the People's Republic of Bangladesh
National Tuberculosis Control Program
 Programmatic Management of Drug Resistant Tuberculosis (PMDT)
Treatment Outcome Report of DR TB patients (Shorter Regimen)
 To be Filled in 15 Months after Treatment initiation (Page 3 of 4)

Form DR TB 09

Name of the Treatment Center: _____

Name of PMDT Coordinator: _____

Designation: _____ Organization _____

Phone Number: _____

Signature: _____ Date _____

Patients Registered: During ____ Quarter of Year ____

Date of Completion of the form: _____

Block 1: Treatment Outcome According to the Types of DR TB Patients

Patient group			Total number of DR TB patients registered during the quarter	Outcome						Total	Shifted to longer regimen (Other than failure)	
				Cured	Treatment completed	Treatment Failed	Died	Lost to follow up	Transferred out			Still on treatment
(i) RR	<15 years	M										
		F										
	≥ 15 years	M										
		F										
(ii) MDR	<15 years	M										
		F										
	≥ 15 years	M										
		F										
Total	<15 years	M										
		F										
	≥ 15 years	M										
		F										
Grand Total												

Comment if any:

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Treatment Outcome Report of DR TB patients (Shorter Regimen)
 To be Filled in 15 Months after Treatment initiation (Page 4 of 4)

Form DR TB 09

Block 2: Treatment Outcome According to the Registration Group

Registration group (code)	Total number of DR TB patients registered during the quarter	Outcome								Total	Shifted to longer regimen (Other than failure)
		Cured	Treatment completed	Treatment failed	Died	Lost to follow up	Transferred out	Still on treatment	Not evaluated		
1. CAT I Non converter (remain positive at month 2)											
2. CAT I Failure (remain pos. at 5 m or later/ Negative patient posit. at m 2)											
3. Treatment after loss to follow up CAT I											
4. Cat I Relapses											
5. Cat II Non converter (remain positive at month of 3)											
6. CAT II Failure (remain pos. at 5 or 8 m./Negative patient positive at month 3)											
7. Treatment after loss to follow up CAT II											
8. CAT II Relapses											
9. Relapse after MDR-TB treatment											
10. Transfer In (from another DR TB treatment initiation center)											
11. Close contact of DR TB with S/S											
a) Unknown History											
b) New											
c) Previously treated											
12. HIV infected patients with TB S/S											
a) Unknown History											
b) New											
c) Previously treated											
13. Other (Specify)											
i) Pulmonary- Clinically diagnosed											
a) Unknown History											
b) New											
c) Previously treated											
ii) Extra Pulmonary											
a) Unknown History											
b) New											
c) Previously treated											
iii) Pulmonary - Bacteriologically confirmed											
a) Unknown History											
b) New											
Grand Total											

Comment if any:

Name of the Person Filled the Form: _____ Designation: _____ Phone no: _____

Organization: Government/Non Government (Specify): _____ Signature: _____ Date: _____