

**National Tuberculosis Control Programme-Bangladesh**  
**Directorate General of Health Services**  
**Contact Investigation (CI) Form for DS TB**

**Date of Visit:**

Block:A			
Information of Index Patient			
Name		Name of the DOTS Corner	
Village/Ward		DS TB registration number	
Union		Name of the Contact Investigator	
Upazila		Phone number of contact investigator	
District		Name of the DOT provider	
Division		Designation of the DOT provider	
Phone Number		Phone number of the DOT provider	

Block:B										
Sl. No.	Contact Name	Age (Y/M)	Sex M/F/Others	Relation Code *	Symptoms Code**	Refer Yes/No	Investigation Code***	Investigation Result Code****	Outcome Code*****	Remarks

**\*Relation Code:** 1. Household member, 2. Workplace member, 3. Neighbour, 4. Others

**\*\*Symptoms code:** 1. Cough for 2 weeks, 2. Fever, 3. Weight loss, 4. Cough with blood ,5.No Symptoms  
 For Child: 1. Cough for 2 weeks, 2. Fever, 3. No significant weight gain, 4. Cough with blood, 5. Lethargy, 6.No Symptoms

**\*\*\*Investigation Code:** 1.X-Ray, 2.Gene Xpert, 3.Microscope, 4.TST, 5. Others

**\*\*\*\*Investigation Result Code: Result of Gene Xpert:** T = MTB detected, Rif resistance not detected, RR = MTB detected, Rif resistance detected, TI = MTB detected, Rif resistance indeterminate, N = MTB not detected, I = invalid/ no result/ error

**Result of Microscope:** 1.Positive, 2.Negative      **Result of TST:** 1.Positive, 2.Negative      **Results of Others:** Describe

**\*\*\*\*\*Outcome code:** 1. DS TB, 2. Healthy, 3. Other disease, 4. Eligible for TPT/IPT, 5. Did not come

\_\_\_\_\_  
Signature