# NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Directorate General of Health Services, Bangladesh

#### **Tuberculosis Register**

|   |                                 | Sputum Examination: Upper Space Result; Lower Space: lab Serial Number & Date |               |  |                 |              |  |                      |       | ,                      |      | t Outcome &          |                      |                                     | TI                                  |                     |                     |         |  |
|---|---------------------------------|---|---------------|--|-----------------|--------------|--|----------------------|-------|------------------------|------|----------------------|----------------------|-------------------------------------|-------------------------------------|---------------------|---------------------|---------|--|
| Chest X-ray                             | Histopathology<br>(FNAC/Biopsy) |   | Pre Treatment |  | Follow-up Smear |              |  |                      |       |                        |      | **Outcome            |                      |                                     | HIV Result                          | ***ART              | ****CPT             |         |  |
| Result<br>(Suggestive for<br>TB Yes/No) | e for Result                    | Smear 1   | Smear<br>2    | *(Xpert<br>MTB/Rif<br>result) if<br>done | 2nd<br>Month    | 5th<br>Month |  | 8th Month or<br>More | Cured | Treatment<br>Completed | Died | Treatment<br>Failure | Lost to<br>Follow-up | Transferred<br>out/Not<br>Evaluated | Positive / Negative<br>(P/N) (date) | Y/N (Start<br>Date) | Y/N (Start<br>Date) | Remarks |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |
|   |                                 |   |               |  |                 |              |  |                      |       |                        |      |                      |                      |                                     |                                     |                     |                     |         |  |

## \*Xpert MTB/Rif test result reported as follows:

T'= MTB detected, Rif resistant not detected; RR= MTB detected, Rif resistant detected; TI= MTB detected, Rif resistant indeterminent N'= MTB not detected; I= Invalid/no result/Error

## \*\*Enter date in the appropriate code

- 1. Cured: Treatment completed and negative smear results on 2 or more consequative occasion at 5 months and at the end of treatment
- 2. Treatment completed: Full course of treatment completed but smear result not available
- 3. Died: Patient known to have died from any cause during treatment
- 4. Treatment failure: A patient whose sputum smear or culture is positive at month 5 or later during treatment. Or A new or retreatment smear-positive patientwho was diagnosed with DR TB during the course of treatment or A patient who was initially smear-negative and was found smear-positive at the end of second month of treatment
- 5. Lost to follow-up: A TB patient whose treatment was interrupted 2 consequative months or more
- 6. Transferred out/ not evaluated: A pateint who has been transferred to another DOTS centre and whose treatment putcome is unknown to the reporting unit. Name of the centre where the patient was transferred out should be written in the remarks column.

## \*\*\*ART= Anti retroviral Therapy

\*\*\*\*CPT= Cotrimoxazole Preventive Therapy

# NATIONAL TUBERCULOSIS CONTROL PROGRAMME

# $\label{eq:continuous} \mbox{Directorate General of Health Services, Bangladesh}$ $\mbox{Tuberculosis Register}$

|                         |                            |              |              |            | Age | Occupation | Name of<br>Treatment Unit | Date of Start of<br>Treatment and<br>Category | Disease<br>Classification<br>P/EP | *Type of patient |                                     |        |                |                             |   |           |         |         |
|-------------------------|----------------------------|--------------|--------------|------------|-----|------------|---------------------------|---|-----------------------------------|------------------|-------------------------------------|--------|----------------|-----------------------------|---|-----------|---------|---------|
| Date of<br>Registration | Date of<br>Registration No | e-TBM<br>No. | Name in Full | Sex<br>M/F |     |            |                           |   |                                   | New (N)          | Treatment<br>history<br>Unknown (U) | T (TC) | Repapse<br>(R) | Treatment<br>Failure<br>(F) | Treatment<br>After Loss to<br>follow-up (L) | Other (O) | Refd By | Remarks |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |
|                         |                            |              |              |            |     |            |                           |   |                                   |                  |                                     |        |                |                             |   |           |         |         |

## \*Enter the Appropriate Code

- $\textbf{U} \quad \text{Treatment History Unknown: Patient with unknown previous TB treatment history}$
- ${\bf N} \quad \text{New case: a pateint, who has never taken Anti Tuberculosis drugs or has take drugs for less than a month}$
- R Relapse: a previously treated patients, who was declared cured or treatment completed but is now diagnosed as TB again
- T Transfer In: a patient, who has been transferred from one reporting unit to another. For transfer in patient name of the center from where patient was transferred out should be written in remarks column
- L Treatment after loss to follow-up: a patient who returns to treatment after having interrupted for 2 consecutive months or more
- F Treatment failure: A TB patient whose sputum smear or cultureis positiven at momnth 5 or later during tretament or a new or retreatment smear-positive patient who was disgnosed with DR TB during the course of treatment or A patient who was initially smear-negative and was found smear positive at the end of the second month of treatment
- O Other: A patient whoes outcome history of previous treatment is unknown