



# MANAGING THE REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME IN YOUR AREA

A Training Course

**E 1 - E 3**

## **EXERCISE WORKBOOKS ANSWER GUIDE:**

- 🔦 LABORATORY FORMS**
- 🔦 TUBERCULOSIS TREATMENT CARDS**
- 🔦 TUBERCULOSIS REGISTER**



**Central TB Division**  
**Directorate General of Health Services, Ministry of Health and Family Welfare**  
**Nirman Bhavan, New Delhi 110011**





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E 1 - E 3

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**E1A**

**LABORATORY FORMS**



# **REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**

## **Laboratory Form for Sputum Examination**

Name of Referring Health Facility: PHI 237 Date: 3-9-2003

Name of patient: Parvathi Sinha Age: 16 Sex: M  F

Complete address: 196, Gali Paranthi Wali  
Chandini Chowk

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: Lymph node- Neck

Reason for examination:

Diagnosis

Repeat Examination for Diagnosis

Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

*Sanjeev*

(Name and signature  
of referring person/ official)

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If sputum samples are being transported:

Specimen identification No.: \_\_\_\_\_ Date of sputum collection: \_\_\_\_\_

Specimen Collector's name and signature \_\_\_\_\_

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### **RESULTS** (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 501

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	M	Pos			✓	
4-9-2003	b	M	Pos				6 bacilli
4-9-2003	c	M	Pos			✓	

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): *Joshi*

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The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 101 Date: 3-9-2003  
Name of patient: Lakshmi Kumari Age: 46 Sex: M  F   
Complete address: 223 Gandhi Dham,  
Bapu Nagar

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

- Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

Sanjeev  
(Name and signature  
of referring person/ official)

---

If sputum samples are being transported:

Specimen identification No.: C1, C2, C3 Date of sputum collection: 3-9-2003

Specimen Collector's name and signature: Kamala

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### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 502

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	B	Pos		✓		
4-9-2003	b	M	Pos		✓		
4-9-2003	c	M	Pos			✓	

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): Joshi

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The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 101 Date: 3-9-2003  
Name of patient: Lakshmi Pati Rao Age: 49 Sex: M  F   
Complete address: 223 Gandhi Dham,  
Bapu Nagar

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

Sanjeev  
(Name and signature  
of referring person/ official)

If sputum samples are being transported:

Specimen identification No.: D1, D2, D3 Date of sputum collection: 3-9-2003

Specimen Collector's name and signature: Kamala

### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 503

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	M	Pos	✓			
4-9-2003	b	M	Pos			✓	
4-9-2003	c	M	Pos		✓		

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): Joshi

The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 101 Date: 3-9-2003  
Name of patient: Kailash Nath Age: 35 Sex: M  F   
Complete address: 225 Gandhi Dham,  
Bapu Nagar

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

- Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

Sanjeev  
(Name and signature  
of referring person/ official)

If sputum samples are being transported:

Specimen identification No.: F1, F2, F3 Date of sputum collection: 3-9-2003

Specimen Collector's name and signature: Kamala

### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 504

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	B	Pos	✓			
4-9-2003	b	B	Pos		✓		
4-9-2003	c	B	Pos			✓	

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): Joshi

The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 237 Date: 3-9-2003

Name of patient: Bhola Ram Age: 32 Sex: M  F

Complete address: Gobi Wali Gali No. 1704,  
near Mandir

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

Diagnosis

Repeat Examination for Diagnosis

Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

*Sanjeev*

(Name and signature  
of referring person/ official)

---

If sputum samples are being transported:

Specimen identification No.: \_\_\_\_\_ Date of sputum collection: \_\_\_\_\_

Specimen Collector's name and signature \_\_\_\_\_

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### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 505

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	B	Pos		✓		
4-9-2003	b	M	Pos			✓	
4-9-2003	c	M	Neg				

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): *Joshi*

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The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 237 Date: 3-9-2003  
Name of patient: Man Bahadur Lal Age: 52 Sex: M  F   
Complete address: No. 25A  
Tilonia

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

- Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No 96

Sanjeev  
(Name and signature  
of referring person/ official)

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If sputum samples are being transported:

Specimen identification No.: \_\_\_\_\_ Date of sputum collection: \_\_\_\_\_

Specimen Collector's name and signature \_\_\_\_\_

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### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 506

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	S	Neg				
4-9-2003	b	S	Neg				

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): Joshi

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The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 237 Date: 3-9-2003  
Name of patient: Lallan Prasad Parmar Age: 51 Sex: M  F   
Complete address: Gali Akara, No. 217,  
Near Rivoli

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

- Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

*Sanjeev*  
(Name and signature  
of referring person/ official)

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If sputum samples are being transported:

Specimen identification No.: \_\_\_\_\_ Date of sputum collection: \_\_\_\_\_

Specimen Collector's name and signature \_\_\_\_\_

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### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 507

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	M	Pos			✓	
4-9-2003	b	M	Neg				
4-9-2003	c	M	Neg				

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): *Joshi*

---

The completed form (with results) should be sent to the referring PHI within one day of the examination.

# REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

## Laboratory Form for Sputum Examination

Name of Referring Health Facility: PHI 237 Date: 3-9-2003  
Name of patient: Kiran Kumar Age: 37 Sex: M  F   
Complete address: No.15 Gulmohar Park

Type of suspect / disease:  Pulmonary  
 Extra-pulmonary Site: \_\_\_\_\_

Reason for examination:

- Diagnosis  
 Repeat Examination for Diagnosis  
 Follow-up of chemotherapy Patient's TB No \_\_\_\_\_

*Sanjeev*  
(Name and signature  
of referring person/ official)

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If sputum samples are being transported:

Specimen identification No.: \_\_\_\_\_ Date of sputum collection: \_\_\_\_\_

Specimen Collector's name and signature \_\_\_\_\_

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### RESULTS (To be completed in the laboratory of DMC)

Name of DMC: PHI 237

Lab. Serial No.: 508

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
4-9-2003	a	S	Neg				
4-9-2003	b	M	Neg				
4-9-2003	c	S	Neg				

\* M = Mucopurulent, B = Blood stained, S = Saliva

\*\* Write actual count of AFB seen in 100 oil immersion fields

Date: 4-9-2003 Examined by (signature): *Joshi*

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The completed form (with results) should be sent to the referring PHI within one day of the examination.

E2A

**TUBERCULOSIS  
TREATMENT CARDS**



## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_  
 Name Parvathi Sinha  
 Sex M  F  Age 16\_ Occupation \_\_\_\_\_  
 Complete Address 196, Gali paranthe vali  
Chandnichowk

Name of TB Unit with Code \_\_\_\_\_  
 Patient TB No / Year: \_\_\_\_\_  
 PHI: 237  
 Name and designation of DOT provider Usha Rani, ANM

Name and Address of Contact Person \_\_\_\_\_

DOT center Chandni chowk Subcentre  
 Signature of MO with date SA 6/9/03

Initial home visit by Usharani Date 6/9/03

Disease Classification <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Extra Pulmonary site-Cervical lymph node	Type of patient <input checked="" type="checkbox"/> New <input type="checkbox"/> Relapse <input type="checkbox"/> Transfer in <input type="checkbox"/> Failure <input type="checkbox"/> Treatment after default <input type="checkbox"/> Other(Specify) _____
--	--

Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	4/9/03	237	50 1	1+	41 kg
End IP/Extended IP	29/10/03	237	61 2	Neg	45 kg
2 Months CP					
End treatment					

H/o previous Anti-TB treatment with duration No h/o previous ATT

### I. INTENSIVE PHASE - Prescribed regimen and dosages:

Tick (✓) the appropriate Category below

Category I   
 New Case  
 (Pulmonary Smear-Positive,  
 Seriously ill Smear Negative, or  
 Seriously ill extra pulmonary)

Category II   
 Retreatment,  
 (relapses, failure,  
 treatment after  
 default, others)

Category III   
 New Case  
 (Pulmonary Smear Negative,  
 not seriously ill: or extra pulmonary,  
 not seriously ill)

3 times / week

2	1	2	2
H	R	Z	E

3 times / week

H	R	Z	E	S

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03							S	✓		✓		✓		S	✓		✓		✓		S	✓		✓		✓		S	✓		
Oct 03	✓		✓		S	✓		✓		✓		S	✓		✓		✓		S	✓		✓		✓	S	✓		✓		✓	

## II Continuation Phase

Prescribed regimen and Dosages

Category I   
3 times / week

2	1
---	---

H R

Category II   
3 times / week

--	--	--

H R E

Category III   
3 times / week

--	--

H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x\_\_\_\_\_ ) to indicate the period during which medicines will be self administrated.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov 03		S	X	—	—	—	—	—	—	X	—	—	—	—	—	S	O						S								

Treatment out come with date Default 17/11/03

Signature of MO with date SA 17/1/04

Details of X ray / EP tests

**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval
24/10 3pm	Usha	Parvathi	Went for marriage	Retrieved
17/11	Usha	Kishan (neighbo)	Patient went to Mumbai	Not retrieved
31/11	"	"	"	"
15/12	"	"	"	"
10/1/0	"	"	"	"

Contacts (Children < 6 yrs)	
No	Chemoprophylaxis
	No contact children

Remarks Patient changed residence to Mumbai

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## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_  
 Name Lakshmi kumari  
 Sex M  F  Age 46 Occupation \_\_\_\_\_  
 Complete Address 223, Gandhidham  
Bapunagar

Name of TB Unit with Code \_\_\_\_\_  
 Patient TB No / Year: \_\_\_\_\_  
 PHI: 101  
 Name and designation of DOT provider -KamalaDevi, Anganwadi worker

Name and Address of Contact Person \_\_\_\_\_

DOT center Anganwadi No 894  
 Signature of MO with date S ---15/9/03

Initial home visit by Kamala Devi Date 15/9/04

<b>Disease Classification</b> <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____	<b>Type of patient</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Relapse <input type="checkbox"/> Transfer in <input type="checkbox"/> Failure <input type="checkbox"/> Treatment after default <input type="checkbox"/> Other(Specify) _____
--	---

Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	<u>4/9/03</u>	<u>237</u>	<u>502</u>	<u>2+</u>	<u>62 kg</u>
End IP/Extended IP	<u>6/11/03</u>	<u>237</u>	<u>623</u>	<u>Neg</u>	<u>64 kg</u>
2 Months CP	<u>30/12/03</u>	<u>237</u>	<u>720</u>	<u>Neg</u>	<u>66 kg</u>
End treatment	<u>3/3/04</u>	<u>237</u>	<u>125</u>	<u>Neg</u>	<u>70 kg</u>

H/o previous Anti-TB treatment with duration \_\_\_\_\_ No h/o past treatment with ATT \_\_\_\_\_

**I. INTENSIVE PHASE - Prescribed regimen and dosages:**

Tick (✓) the appropriate Category below

**Category I**   
 New Case  
 (Pulmonary Smear-Positive,  
 Seriously ill Smear Negative, or  
 Seriously ill extra pulmonary)

**Category II**   
 Retreatment,  
 (relapses, failure,  
 treatment after  
 default, others)

**Category III**   
 New Case  
 (Pulmonary Smear Negative,  
 not seriously ill: or extra pulmonary,  
 not seriously ill)

3 times / week

2	1-450 1-150	2	2
H	R	Z	E

3 times / week

H	R	Z	E	S

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03														S		✓		✓		✓	S		✓		✓		✓	S		✓	
Oct 03		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓	
Nov 03	✓	S		✓		✓		✓	S							S															



## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_  
Code \_\_\_\_\_

Name Lakshmi pati Rao

Sex M  F  Age 49 Occupation \_\_\_\_\_

Complete Address 223, Gandhidham  
Bapu Nagar

Name and Address of Contact Person \_\_\_\_\_

Initial home visit by--- Kamala Devi Date 15/9/03

<b>Disease Classification</b> <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____	<b>Type of patient</b> <input type="checkbox"/> New <input type="checkbox"/> Relapse <input type="checkbox"/> Transfer in <input type="checkbox"/> Failure <input checked="" type="checkbox"/> Treatment after default <input type="checkbox"/> Other(Specify) _____
--	---

H/o previous Anti-TB treatment with duration h/o repeated treatment with ATT in the past

### I. INTENSIVE PHASE - Prescribed regimen and dosages:

Tick (✓) the appropriate Category below

Category I

**New Case**  
(Pulmonary Smear-Positive,  
Seriously ill Smear Negative, or  
Seriously ill extra pulmonary)

3 times / week

H	R	Z	E

Category II

**Retreatment,**  
(relapses, failure,  
treatment after  
default, others)

3 times / week

2	1	2	2	0.75
H	R	Z	E	S

Category III

**New Case**  
(Pulmonary Smear Negative,  
not seriously ill: or extra pulmonary,  
not seriously ill)

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03							S							S		✓		✓		O	S		✓		✓	✓	S		✓		
Oct		✓		✓	S		O		✓		✓	S		✓		✓		✓	S		✓		O		✓	S		✓		✓	
Nov	✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓		O	S	
Dec		✓		✓		✓	S		✓		✓		✓	S		✓		✓		✓		✓	S		✓		✓		✓		
Jan04	✓		O	S	✓	✓		✓		O	S	✓	✓					S													

Name of TB Unit with \_\_\_\_\_

Patient TB No / Year: \_\_\_\_\_

PHI: 101

Name and designation of DOT provider KamalaDevi, Anganwadi worker

DOT center Anganwadi No 894

Signature of MO with date S --- 15/9/03

Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	4/9/03	237	503	3+	46
End IP/Extended IP	11/12	237	675	2+	45
	15/1/04	237	31	2+	43
2 Months CP	10/3/04	237	139	Neg	43
End treatment	22/6/04	237	348	3+	40

## II Continuation Phase

Prescribed regimen and Dosages

Category I   
3 times / week

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H R

Category II   
3 times / week

2	1	2
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H R E

Category III   
3 times / week

--	--

H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x \_\_\_\_\_) to indicate the period during which medicines will be self administrated.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan 04				S							S				X			S				X			S					X	
Feb	S				X			S				X			S				X			S				X				S	
Mar				X				S				X			S				X			S			X				S		
April	O			S				X			S				X			S				O			S				X		
May		S				X			S				X			S				X			S				X			S	
June			X			S				X			S				X			S				X			S				
July				S																											

Treatment out come with date Failure 22/6/04

Signature of MO with date S 30/6/40

Details of X ray / EP tests

**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval
20/9 3 pm	Kamal a	Lakshmi pati rao	Went for work	Retrieved
7/10 4 pm	Kamal a	„	Forgot to come	„
23/10	„	„	„	„
29/11 3 pm	„	Lakshmi kumari	Went to relatives	„
3/1/04 5 pm	„	„	work	„
15/4	„	„	Forgot	„
6/5	„	„	„	„

No	Chemoprophylaxis
	<u>No children in the house</u>

Remarks Sputum samples sent for culture and sensitivity  
o15/1/05  
Patient was referred to Medical college for  
management

## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_

Name Kailash Nath

Sex M  F  Age --35 yrs Occupation \_\_\_\_\_

Complete Address 225, Gandhi dham  
Bapu Nagar

Name and Address of Contact Person \_\_\_\_\_

Initial home visit by Kamala Date 15/9/03

<b>Disease Classification</b> <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____
--

<b>Type of patient</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Transfer in <input type="checkbox"/> Treatment after default	<input type="checkbox"/> Relapse <input type="checkbox"/> Failure <input type="checkbox"/> Other(Specify) _____
---	---

H/o previous Anti-TB treatment with duration No past history of TB treatment

Name of TB Unit with Code \_\_\_\_\_

Patient TB No / Year: \_\_\_\_\_

PHI: 101

Name and designation of DOT provider-Kamala Devi, Anganwadi , worker

DOT center Anganwadi Number 894

Signature of MO with date S 15/9/03

Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	4/9/03	237	504	3+	39 kg
End IP/Extended IP	4/11/03	237	619	1+	42 kg
	2/12/03	237	657	Neg	
2 Months CP	27/1/04	237	55	Neg	45 kg
End treatment	7/4/04	237	195	Neg	50

**I. INTENSIVE PHASE - Prescribed regimen and dosages:**

Tick (✓) the appropriate Category below

Category I

New Case  
(Pulmonary Smear-Positive,  
Seriously ill Smear Negative, or  
Seriously ill extra pulmonary)

Category II

Retreatment,  
(relapses, failure,  
treatment after  
default, others)

Category III

New Case  
(Pulmonary Smear Negative,  
not seriously ill: or extra pulmonary,  
not seriously ill)

3 times / week

2	1	2	2
H	R	Z	E

3 times / week

H	R	Z	E	S

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03							S							S		✓				✓	S		✓		✓		✓	S		✓	
Oct		✓		✓	S		✓		✓		O	S	✓	✓		✓		✓	S	✓	O	✓	✓		✓	S		✓	✓		
Nov	✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓	O	S	✓	✓		✓		✓	S		
Dec		✓		✓		✓	S							S							S						S				

## II Continuation Phase

Prescribed regimen  
and Dosages

Category I

3 times / week

2	1
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H R

Category II

3 times / week

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H R E

Category III

3 times / week

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H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x \_\_\_\_\_) to indicate the period during which medicines will be self administrated.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dec 03							S		X	-----				S		X	-----				S		X	-----				S		O	X	
Jan 04	-----	-----	S	-----	-----	-----	X	-----	-----	S	-----	-----	X	-----	S	-----	X	-----	S	-----	X	-----	S	-----	X	-----	X	-----				
Feb	S	-----	X	-----	-----	-----	S	-----	-----	X	-----	-----	S	-----	X	-----	X	-----	S	-----	S	-----	X	-----	X	-----	S	-----	S	-----		
March	-----	-----	X	-----	-----	-----	S	-----	-----	X	-----	-----	S	-----	X	-----	X	-----	S	-----	S	-----	X	-----	X	-----	S	-----	S	-----	X	
April				S	-----	-----	X	-----	-----	-----	S	-----	-----	-----	-----	-----	X	-----	S	-----	-----	-----	-----	X	-----	S	-----	-----	-----	-----		

Treatment out come with date Cured--13/4/04

Signature of MO with date S --13/4/04

Details of X ray / EP tests

**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval
11/10/03 5 pm	Kamal	Kailashnath	Forgot	Retrieved
21/10 4 pm	..	Lakshmi	Went to work	..
23/11/03	..	..	..	..

**Contacts (Children < 6 yrs)**

No	Chemoprophylaxis
	<u>No contact children</u>

Remarks Patient declared cured on 13/4/04

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## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_  
 Name Ghanashyam singh  
 Sex M  F  Age 16 yrs Occupation \_\_\_\_\_  
 Complete Address 124, JJ Colony  
Rajeev puram

Name of TB Unit with Code \_\_\_\_\_  
 Patient TB No / Year: \_\_\_\_\_  
 PHI: 237  
 Name and designation of DOT provider AK Sing, MPW

Name and Address of Contact Person \_\_\_\_\_

DOT center JJ colony Subcentre  
 Signature of MO with date S 3/9/03

Initial home visit by AK Sing Date 3/9/03

<b>Disease Classification</b> <input type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Extra Pulmonary site <u>knee-joint</u>	<b>Type of patient</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Relapse <input type="checkbox"/> Transfer in <input type="checkbox"/> Failure <input type="checkbox"/> Treatment after default <input type="checkbox"/> Other (Specify) _____
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Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	3/9/03				38
End IP/Extended IP					
2 Months CP					
End treatment					

H/o previous Anti-TB treatment with duration No h/o ATT

### I. INTENSIVE PHASE - Prescribed regimen and dosages:

Tick (✓) the appropriate Category below

Category I   
 New Case  
 (Pulmonary Smear-Positive,  
 Seriously ill Smear Negative, or  
 Seriously ill extra pulmonary)

3 times / week

H	R	Z	E

Category II   
 Retreatment,  
 (relapses, failure,  
 treatment after  
 default, others)

3 times / week

H	R	Z	E	S

Category III   
 New Case  
 (Pulmonary Smear Negative,  
 not seriously ill: or extra pulmonary,  
 not seriously ill)

3 times / week

2	1	2
H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03				✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓	
Oct		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓		✓		✓	S		✓			
Nov		S																													

## II Continuation Phase

Prescribed regimen and Dosages

Category I   
3 times / week

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H R

Category II   
3 times / week

--	--	--

H R E

Category III   
3 times / week

2	1
---	---

H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x \_\_\_\_\_) to indicate the period during which medicines will be self administrated.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Oct					S							S								S						S					X
Nov		S				X			S				X			S				X			S				X				S
Dec				X			S				X			S				X			S				X			S			X
Jan 04	X			S				X			S				X			S				X			S				X		
Feb	S				X			S				X			S				X			S				X			S		
March							S																								

Treatment out come with date Treatment completed 3/3/04

Signature of MO with date S 3/3/04

**Details of X ray / EP tests**

*Biopsy shows Caseating granuloma*

**Contacts (Children < 6 yrs)**

No	Chemoprophylaxis

**Remarks** EP TB diagnosed by Biopsy

Treatment completed on 3/3/04

Ortho follow up was done. No further follow up advised

**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval

## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_  
 Name Lallan Prasad parmar  
 Sex M  F  Age 51 yrs Occupation \_\_\_\_\_  
 Complete Address Near Rivoly, No 217  
Gali Akara

Name of TB Unit with Code \_\_\_\_\_  
 Patient TB No / Year: \_\_\_\_\_  
 PHI: 237  
 Name and designation of DOT provider Sarala, ANM-Rivoly

DOT center Rivoly

Subcentre \_\_\_\_\_

Name and Address of Contact Person \_\_\_\_\_

Signature of MO with date S ----16/9/03

Initial home visit by Sarala Date 16/9/03

<b>Disease Classification</b> <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____	<b>Type of patient</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Relapse <input type="checkbox"/> Transfer in <input type="checkbox"/> Failure <input type="checkbox"/> Treatment after default <input type="checkbox"/> Other (Specify) _____
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Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	<u>4/9/03</u>	<u>237</u>	<u>507</u>	<u>1+</u>	<u>38kg</u>
End IP/Extended IP	<u>5/12/03</u>	<u>237</u>	<u>663</u>	<u>Neg</u>	<u>40kg</u>
2 Months CP					
End treatment					

H/o previous Anti-TB treatment with duration Yes, 8 months SCC one year ago

**I. INTENSIVE PHASE - Prescribed regimen and dosages:**

Tick (✓) the appropriate Category below

Category I

**New Case**  
 (Pulmonary Smear-Positive,  
 Seriously ill Smear Negative, or  
 Seriously ill extra pulmonary)

3 times / week

H	R	Z	E

Category II

**Retreatment,**  
 (relapses, failure,  
 treatment after  
 default, others)

3 times / week

2	1	2	2	0.5 gm
H	R	Z	E	S

Category III

**New Case**  
 (Pulmonary Smear Negative,  
 not seriously ill; or extra pulmonary,  
 not seriously ill)

3 times / week

H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept							S							S			✓		✓		S	✓		✓		✓		S	✓		
Oct	✓		✓		S	✓		✓		✓		S	✓		✓		✓		S	✓		✓		✓		S	✓	✓	✓	✓	✓
Nov		S	✓		✓		✓		S	✓		✓	✓	✓		S	✓		✓		✓		S	✓		O	✓	✓		S	
Dec	✓		O	✓	✓		S	✓																							

## II Continuation Phase

Prescribed regimen and Dosages

Category I   
3 times / week

H	R

Category II   
3 times / week

2	1	2
H	R	E

Category III   
3 times / week

H	R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x\_\_\_\_\_ ) to indicate the period during which medicines will be self administrated.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dec 03							S			X	-----	S	-----				X	-----	S	-----	X	-----	S	-----							X
Jan 03	-----				S	-----	X	-----	S	-----								S							S						
Feb																															
March																															
April																															

Treatment out come with date --Transferred Out on 13/1/04

Signature of MO with date S—13/1/04

**Details of X ray / EP tests**  
*X-Ray showed Rt upper lobe cavity*

Contacts (Children < 6 yrs)	
No	Chemoprophylaxis
	<i>No children below 6 yrs</i>

**Remarks** *Previously treated with SCC for 8 months and completed treatment.  
Patient shifted residence to District Y. Hence transferred out on 13/1/04  
Transfer form sent and a copy given to patient.  
Copy of treatment card also given to patient*

**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval
26/11	Sarala	Wife of patient	Went for a marriage	Retrieved
3/12/	Sarala	Patient	Forgot	„

## Revised National Tuberculosis Control Programme Treatment Card

State \_\_\_\_\_ City / District with code \_\_\_\_\_

Name--- Kiran Kumar

Sex M  F  Age 37 yrs Occupation \_\_\_\_\_

Complete Address No 15, Gulmohar Park \_\_\_\_\_

Name and Address of Contact Person \_\_\_\_\_

Initial home visit by Sarala Date 22/9/03

Name of TB Unit with Code \_\_\_\_\_

Patient TB No / Year: \_\_\_\_\_

PHI: 237 \_\_\_\_\_

Name and designation of DOT provider Sarala \_\_\_\_\_

DOT center Rivoli Subcentre \_\_\_\_\_

Signature of MO with date S 22/9/03 \_\_\_\_\_

<b>Disease Classification</b> <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Extra Pulmonary site _____
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<b>Type of patient</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Transfer in <input type="checkbox"/> Treatment after default	<input type="checkbox"/> Relapse <input type="checkbox"/> Failure <input type="checkbox"/> Other (Specify) _____
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Month	Date	DMC	Lab No.	Smear Result	Weight
Pretreatment	4/9/03	237	508	Neg	45kg
End IP/Extended IP	18/11/03	237	638	Neg	48kg
2 Months CP					
End treatment	13/3/04	237	146	Neg	50kg

H/o previous Anti-TB treatment with duration \_\_\_\_\_ No past history of ATT \_\_\_\_\_

**I. INTENSIVE PHASE - Prescribed regimen and dosages:**

Tick (✓) the appropriate Category below

Category I

New Case  
(Pulmonary Smear-Positive,  
Seriously ill Smear Negative, or  
Seriously ill extra pulmonary)  
3 times / week

H	R	Z	E

Category II

Retreatment,  
(relapses, failure,  
treatment after  
default, others)  
3 times / week

H	R	Z	E	S

Category III

New Case  
(Pulmonary Smear Negative,  
not seriously ill: or extra pulmonary,  
not seriously ill)  
3 times / week

2	1	2
H	R	Z

Tick (✓) appropriate date when the drugs have been swallowed under direct observation

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept 03							S							S							S		✓		✓		✓	S		✓	
Oct		✓		✓	S		✓		✓		✓	S		✓		✓		O	S		✓		✓		✓	S		✓		✓	
Nov	✓	S		O		✓		✓	S		✓		✓		✓	S		✓		✓			S								

## II Continuation Phase

Prescribed regimen and Dosages

Category I   
3 times / week

--	--

H R

Category II   
3 times / week

--	--	--

H R E

Category III   
3 times / week

2	1
---	---

H R

Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x \_\_\_\_\_) to indicate the period during which medicines will be self administered.

Month / Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nov																S							X	S						X	S
Dec						X	S						X	S							X	S					X	S			
Jan 04			X	S						X	S						X	S						X	S						X
Feb	S						X	S					X	S							X	S						X	S		
March						X	S						X	S							X	S						S			
April																															

Treatment out come with date Treatment completed on 26/3/04

Signature of MO with date S 26/3/04

**Details of X ray / EP tests**

*Chest X-ray- Infiltrates lt upper and lower lung fields*

**Contacts (Children < 6 yrs)**

No	Chemoprophylaxis

**Remarks**

*Chest X-ray suggestive of active pul.TB*

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**Retrieval actions for missed doses**

Date and time	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval
18/10/0	Sarala	wife	Gone for work	Retrieved
5/11/03	Sarala	Patient	Was tired, could not come	„

**E3A**

**TUBERCULOSIS REGISTER**

**REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**  
**Tuberculosis Register**

TB No.	Date of Registration	Name (in full)	Sex M/F	Age	Complete address	Name of PHI	Date of starting treatment	Treatment category (I, II, III, ND1, ND2)	Disease class (P/EP)	Type of Patient*	Pretreatment Sputum Examination			
											Date	DMC Name	Lab No	Smear
651/03	9/9/03	Parvathi Sinha	F	16	196 Gali Paranthe wali, Chandini chowk	PHI 237	8/9/03	I	P	New	4/9/03	237	501	1+
652/03	17/9/03	Lakshmi Kumari	F	46	223 Gandhi Dham, Bapu Nagar	PHI 101	16/9/03	I	P	New	4/9/03	237	502	2+
653/03	17/9/03	Lakshmi Pati Rao	M	49	223 Gandhi Dham, Bapu Nagar	PHI 101	16/9/03	II	P	Treatment after default	4/9/03	237	503	3+
654/03	17/9/03	Kailash Nath	M	35	225 Gandhi Dham, Bapu Nagar	PHI 101	16/9/03	II	P	New	4/9/03	237	504	3+
655/03	18/9/03	Ghanshyam Singh	M	16	124 J J colony, Rajeev Puram	PHI 237	4/9/03	III	EP	New				
656/03	20/9/03	Lallan Prasad Parmar	M	51	Gali Akara, Near Rivoli, No. 217	PHI 237	17/9/03	II	P	Relapse	4/9/03	237	507	1+
657/03	29/9/03	Kiran Kumar	M	37	No. 15, Gulmohar park	PHI 237	23/9/03	III	P	New	4/9/03	237	508	Neg

SUMMARY									
Regimen	New Smear-positive		Relapse		New Smear-negative		New Extra pulmonary		
	M	F	M	F	M	F	M	F	
DOTS									
Non-DOTS									

- \*Type of Patient (do not use abbreviation)
- New
  - Relapse
  - Transferred in
  - Failure
  - Treatment after Default
  - Others

**REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**  
**Tuberculosis Register**

Follow-up Sputum examinations												Treatment Outcome		Remarks
End of I.P / Extended IP				2 months in CP				End of treatment				Outcome	Date	
Date	DMC Name	Lab No	Smear	Date	DMC Name	Lab No	Smear	Date	DMC Name	Lab No	Smear			
29/10/03	237	612	Neg									Default	17/11	Patient migrated to Mumbai
6/11/03	237	623	Neg	30/12/03	237	720	Neg	3/3/04	237	125	Neg	Cured	15/3/04	
11/12/15/1	237 237	675 31	2+ 2+	10/3/04	237	139	Neg	22/6/04	237	348	3+	Failure	22/6/04	Patient referred to KMC
4/11/2/12	237 237	619 657	1+ Neg	27/1/04	237	55	Neg	7/4/04	237	195	Neg	Cured	13/4/04	
												Treatment completed	3/3/04	Knee Joint, Biopsy proven
5/12/03	237	663	Neg									Transferred out	13/1/04	Transferred to district Y
18/11/03	237	638	Neg					13/3/04	237	146	Neg	Treatment completed	26/3/04	CXR-Left UL & LL infiltrates

SUMMARY (DOTS cases only)	Type of Patient	Cured	Treatment Completed	Died	Failure	Defaulted	Transferred out
	New Smear Positive						
	New Smear Negative						
	New Extra-pulmonary						
	Relapse						
	Failure						
	Treatment After Default						
	Others treated with Cat - II						

\* Treatment outcomes (use complete words)

- Cured
- Treatment completed
- Died
- Defaulted
- Failure
- Transferred out

