## TB Culture & WHO Recommended Diagnostics (WRD) Register

## Left Side

Serial	Date of	Name of	Standard	BHT	Ward	District	Name	Address and	Gender	Age	Speci	men	Category	Smear	Presumptive MDR
No.	Collection	Referring Health Institution	Card No.			TB No.		Contact number		υ	Sputum	Extrapul			MDR Category

Presumptive MDR category: [please write the relevant letter in the column] - (A) Contacts of MDR-TB patients, (B) previously treated patients, (C) Non-converters / delayed sputum conversion, (D) Patients with history of repeated treatment interruptions, (E) TB patients treated outside the NTP, (F) Patients with TB/HIV co-infection, (G) Institutionalized patients, (H) Healthcare workers, (I) Those who return from abroad with active TB, (J) Others (High Risk Behaviour like substances Abuses).

## TB Culture & WHO Recommended Diagnostics (WRD) Register

Right Side

Date of	NTRL/	Xp	ert MTB/RI	Line Probe Assay				Date of	Culture	DST	Species	S	Н	R	Е	Date of	Ĩ	
Transport	Lab	Serial	MTB	Rifampicin	Serial	MTB	I	R	Receiving	Result	No.	(MTB/MOTT)					receiving	
to NTRL	Serial	No.	Detection	Resistance	No.	Detection			the								the DST	
/ Lab	No.								Culture								Report	
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