DISTRICT TUBERCULOSIS REGISTER

DATE REGISTERED	DISTRICT TB NO.	NAME IN FULL	SEX (M/F)	AGE	COMPLETE ADDRESS	MOH Area	DOT CENTER / DOT PROVIDER	Referred By	DATE TRETMENT STARTED	HISTORY OF PREVIOUS TREATMENT					
										NEW	RELAPSE	TREATMENT AFTER FAILURE	TREATMENT AFTER LOST TO FLOLLOW UP	OTHER PREVIOUSLY TREATED	PREVIO HISTOR

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Site of Disease		Treatment Category		HIV Testing Done (Y/N)	Smear (S) Culture (C) or MTB/RFI (X) test results b										Treatment outcomes and date outcome reported d							Remarks
PTB	EPTB	New treatment regimen with first line drugs	Retreatment Regimen with first-line drugs		At the time of diagnosis			Month 2/3/4c			Month 5		End of treatment		Cured	Treatment Completed	Treatment Failure	Died		Lost to follow up	Not Evaluated	
					S	C	X	S		C	S	C	S	C				Confirmed as not due to TB	All other deaths			
					Date			Date			Date		Date									