Patients registered in th	Quarter [Year							
Name of PMDT coordina	ator :									
Date of completion of th	ne report :									
Signature	:	<u>:</u>								
BLOCK 1: Number of Producing the quarter	esumptive DR-TB patie	nts tested and confirmed	RR/ MDR-TB cases	registere	ed and started on S	Second-line treatment				
Presumptive DR-TB pa	tients tested									
RR cases detected										
MDR-TB cases detecte	d									
RR/ MDR-TB cases regi	stered and started on S	Second-line treatment								
BLOCK 2: RR/ MDR-TB of Category I positive at	cases registered for tre	atment according to 'Type Category II positive at	e' of cases High risk group	N	ew	Other				
Month 2/3	treatment	Month 3/4	riigii risk group	IN	ew	Other				
Comments:										

(To be filled 9 months after treatment initiation)

Patients registered in the Second-line to	Quarter	Year		
Name of PMDT coordinator	<u></u>		 	
Date of completion of the report	·			
Signature	·			

R-TB	Smear and culture results after 6 months of treatment (of patients still on treatment)									Outcomes of other patients in the cohort				
of RR/MDR jistered on en	Sm	Smear Negative		Smear Positive		Sm	Smear Unknown			Lost to	Treatment due			
Number of RR/N cases registered IV regimen	Culture Negative	Culture Positive	Culture Unknown	Culture Negative	Culture Positive	Culture Unknown	Culture Negative	Culture Positive	Culture Unknown	Died follo	follow	Adverse Reactions	Other Reasons	

Comments:			

(To be filled 15 months after treatment initiation)

Patients registered in the S	econd-line tr	eatment register	Qu	uarter	Year		
Name of PMDT coordinator	r	:					
Date of completion of the r	eport	:					
Signature		:		,			
						Treatment st	copped due to
Number of RR/MDR-TB cases registered on CAT IV regimen in the quarter	Culture Negative	Culture Positive	Culture Unknown	l Diad l		Adverse Reactions	Other Reasons
Comments:							

(RR/MDR-TB patients registered 24-26 months earlier)

Patients registered in the Second-line treatment register during: Qu								Year				
Name of PMDT coordinator		:										
Date of completion of the report		·										
Signature		:	<u>:</u>									
Category of RR/MDR-	Number registered		Treatment			Lost to Follow up	Treatment stopped due to		Still on			
TB patients	on second- line regimen	Cured	completed	Died	Failure		Adverse Reactions*	Other Reasons	treatment	Total		
New												
Previously treated with 1st line drugs only												
Previously treated with both 1 st & 2 nd line drugs												
Total												
	I	I										
Comments:												

^{*}This number should be included in the number in the failure column (see definition of failure)