

## TUBERCULOSIS CASE INVESTIGATION FORM 2

Form 2 shall be submitted to the Parish Medical Officer of Health within 6 to 8 months after starting anti-TB therapy.  
**Submit this form at the end of anti-TB therapy and/or after follow-up.**

### SECTION 1 (TB FORM 2) – DEMOGRAPHIC INFORMATION

#### INITIAL DIAGNOSIS

Tuberculosis

Date of Notification: DD/MM/YYYY

Date Investigation Started: DD/MM/YYYY

#### PATIENT'S DEMOGRAPHICS

Patient's ID Type:

Driver's License  TRN  Passport  NIN

Patient's ID Number:

First Name:

Last Name:

Middle Name(s):

Pet Name(s):

Name of Facility Where Patient Seen:

Medical Record Number:

Sex Assigned at Birth:  Male  Female

Date of Birth: DD/MM/YYYY Age:

Country of Residence:

Parish/State/Province:

House Number, Street Name:

Landmark or directions to address:

Community:

Phone Number:

Email Address:

#### Occupation:

Name of Workplace/School:

Address of Workplace/School:

Phone Number:

Email Address:

### SECTION 2 (TB FORM 2) TREATMENT – CONTINUATION PHASE

Date started continuation phase: DD/MM/YYYY

Date completed continuation phase: DD/MM/YYYY

Name of facility (if hospitalised or institutionalised):

Directly Observed Therapy (DOT):  Yes  No

DOTS Supervisor:

Telephone number:

Email address:

#### ANTI-TUBERCULOSIS TREATMENT

Past or Current Medication	Dosage	Actual Duration Received (weeks)	Comments
<input type="checkbox"/> Rifampicin			
<input type="checkbox"/> Isoniazid			
<input type="checkbox"/> Second-line drugs			
<input type="checkbox"/> Third-line drugs/injectables			
<input type="checkbox"/> Other(specify):			
<input type="checkbox"/> Other (specify):			

**SECTION 3 (of TB FORM 2) - FOLLOW-UP LABORATORY INVESTIGATIONS**

**FOLLOW-UP LABORATORY INVESTIGATIONS**

**2-Month Evaluation for Mycobacterium Tuberculosis**

Sputum specimen collected?  Yes  No Sputum specimen date: DD/MM/YYYY

Sputum microscopy for acid fast bacilli (AFB) done?  Yes  No Sputum microscopy result:

Sputum microscopy interpretation:  Positive  Negative  Indeterminate  Sample rejected

**Sputum culture for Mycobacterium tuberculosis**

Sputum culture result:

Sputum culture interpretation:  Positive  Negative  Indeterminate  Sample rejected

Chest X-ray done?  Yes  No Chest X-ray date: DD/MM/YYYY

Chest X-ray description/ findings/ result:

Chest X-ray interpretation:  Positive  Negative

**4 to 5-Month Evaluation Mycobacterium Tuberculosis**

Sputum specimen collected?  Yes  No Sputum specimen date: DD/MM/YYYY

Sputum microscopy for acid fast bacilli (AFB) done?  Yes  No Sputum microscopy result:

**Sputum culture for Mycobacterium tuberculosis**

Sputum culture result:

Sputum culture interpretation:  Positive  Negative  Indeterminate  Sample rejected

Chest X-ray done?  Yes  No Chest X-ray date: DD/MM/YYYY

Chest X-ray description/ findings/ result:

Chest X-ray interpretation:  Positive  Negative

Sputum microscopy interpretation:  Positive  Negative  Indeterminate  Sample rejected

**6 to 8-Month Evaluation Mycobacterium Tuberculosis**

Sputum specimen collected?  Yes  No Sputum specimen date: DD/MM/YYYY

Sputum microscopy for acid fast bacilli (AFB) done?  Yes  No Sputum microscopy result:

Sputum microscopy interpretation:  Positive  Negative  Indeterminate  Sample rejected

**Sputum culture for Mycobacterium tuberculosis**

Sputum culture result:

Sputum culture interpretation:  Positive  Negative  Indeterminate  Sample rejected

Chest X-ray done?  Yes  No Chest X-ray date: DD/MM/YYYY

Chest X-ray description/ findings/ result:

Chest X-ray interpretation:  Positive  Negative

**Other test**

Has any other specimen been collected?  Yes  No Date Specimen collected: DD/MM/YYYY

**TUBERCULOSIS CASE INVESTIGATION FORM 2**

MEDICAL RECORD NUMBER:

**SECTION 3 (of TB FORM 2) - FOLLOW-UP LABORATORY INVESTIGATIONS**

Test Requested:	Test result:
Test interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Sample rejected	

**REPEAT CHEST X-RAY**

Chest X-ray done? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest X-ray date: DD/MM/YYYY
Chest X-ray description/ findings/ result:	Chest X-ray interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative

Additional Clinical Notes:

**SECTION 4 (TB FORM 2) - CLASSIFICATION**

Final Classification of Case		
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Pending	<input type="checkbox"/> Inconclusive <input type="checkbox"/> Discarded
Confirmation Category		
<input type="checkbox"/> Bacteriologically confirmed	<input type="checkbox"/> Clinically diagnosed	
Anatomical site		
<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Extra-pulmonary	
Drug resistance		
<input type="checkbox"/> None	<input type="checkbox"/> Rifampicin resistant	<input type="checkbox"/> Multi-drug resistant <input type="checkbox"/> Extremely drug-resistant
Previously treated for tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relapse case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous TB Treatment		
Treatment after lost to follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment after failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment status for current diagnosis		
<input type="checkbox"/> Completed	<input type="checkbox"/> Not completed	
Case outcome for current diagnosis		
<input type="checkbox"/> Cured	<input type="checkbox"/> Treatment failure	<input type="checkbox"/> Lost to follow-up
<input type="checkbox"/> Died	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Anti-TB Treatment completed
Cause of death (i):	Cause of death (ii):	Cause of death (iii):
Date of death: [dd/mm/yyyy]		

**REVIEW AND SIGNATURE****Investigator's Details**

Date Investigation Completed (DD/MM/YYYY):		
First Name:	Last Name	
Professional Group:		
Phone number:	Email Address:	
Name of Institution:		
Parish:	Community:	
Office Number/Street Name:		
Health Region:		
Investigator's Signature:		Date signed by Investigator (DD/MM/YYYY):
Name of Parish MO(H):	Signature of MO(H)	Date signed by MO(H), (DD/MM/YYYY)

**Treatment History**

**New case:** A patient who has never been treated for TB or who has taken anti-TB drugs for less than one month.

**Previously treated patients:** Patients who have received 1 month or more of anti-Tb drugs in the past.

- i. **Relapse patients:** A patient previously treated for TB who was declared cured or treatment completed at the end of their most recent course of treatment, and is now diagnosed with a recurrent episode of TB.
- ii. **Treatment after failure patients:** A patient who has been previously treated for TB and whose treatment failed at the end of their most recent course of treatment.
- iii. **Treatment after loss to follow up patients:** A patient who has been previously treated for TB and was declared lost to follow-up at the end of their most recent course of treatment (previously known as treatment after default patients).
- iv. **Other previously treated patients:** Patients who have been previously treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented

**Definitions of treatment outcomes for drug-susceptible TB**

- i. **Cured:** A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear or culture negative in the last month of treatment and on at least one previous occasion.
- ii. **Treatment completed:** A TB patient who completed treatment without evidence of failure, but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.
- iii. **Died:** A TB patient who dies for any reason before starting or during the course of treatment.
- iv. **Treatment failed:** A TB patient whose sputum or culture is positive at month 5 or later during treatment.
- v. **Loss to follow-up:** A TB patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.
- vi. **Not evaluated:** A TB patient for whom no treatment outcome is assigned. This includes cases "transferred out" to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit.
- vii. **vii. Treatment success:** A TB patient who is cured or who has completed treatment.