Appendix 24. Tuberculosis register for patients on first-line anti-TB therapy

Date Rx. start	Patient N°	Name	Sex M/F	Age	Address	Treatment*	Disease site P/EP**	Registration group***				
								NC	R	F	TAI	O

* Specify treatment regimen: e.g. 2(HRZE)/4(HR).
** P = pulmonary; EP = extrapulmonary.
*** Tick only one column: NC = new case; R = relapse; F = failure; TAI = treatment after interruption; O = other.

Results of sputum examination																		Treatment outcome		TB/HIV activities			Remarks***
At treatment start						2 or 3 months				4 or 5 months				End of treatment				Date	Outcome in text*	HIV** test result date	ART Y/N start date	CPT Y/N start date	
Smear result	Date/ lab n°	Molecular test result	Date/ lab n°	Culture result	Date/ lab n°	Smear result	Date/ lab n°	Culture result	Date/ lab n°	Smear result	Date/ lab n°	Culture result	Date/ lab n°	Smear result	Date/ lab n°	Culture result	Date/ lab n°						

* **Treatment outcome**: cure, treatment completion, failure, death, treatment interruption, treatment adapted, transfer out.

** **HIV test result**: Pos = positive, Neg = negative, UN = unknown.

*** For example, indicate if the patient was transferred from another facility.

ART: antiretroviral therapy.

CPT: cotrimoxazole prophylaxis treatment.