Appendix 26. Tuberculosis register for patients on second-line anti-TB therapy

Registration number:	Name:	Date of birth: Sex:	Address:

Disease site

Pulmonary ☐   Extrapulmonary ☐   Site (*specify*): _____

Registration group

New ☐

Previously treated 1ˢᵗ line ☐   Failure ☐   Relapse ☐   TAI ☐   Other ☐

Bacteriological status at baseline

Confirmed MDR-TB ☐   Xpert/RIF+ ☐   Unconfirmed DR-TB ☐

H (S) resistance ☐   HE (S) resistance ☐   R (S) resistance ☐

Previously treated 2ⁿᵈ line ☐   Failure ☐   Relapse ☐   TAI ☐   Other ☐

Bacteriological follow-up

Month	Date	Smear	Culture	Comments
0				
1				
2				
3				
4				
5				
6				
7				

Month	Date	Smear	Culture	Comments
8				
9				
10				
11				
12				
13				
14				
15				

Month	Date	Smear	Culture	Comments
16				
17				
18				
19				
20				
21				
22				
23				

DST results

Date	H	R	Z	E	S	Km	Amk	Cm	FQ	Eto	Cs	PAS		Type of DST

Treatment outcomes:

Cured ☐   Treatment completed ☐

Death ☐   Failure ☐

Interruption ☐   Not evaluated ☐

HIV test   Positif ☐   Negatif ☐   Unknown ☐

ART   Yes ☐   Date: _____   No ☐

CPT   Yes ☐   Date: _____   No ☐

(1 page per patient)