Presumptive TB Register

NAME OF FACILITY:...

NAME OF DEPARTMENT: ....

KEY

Acronym	Explanation
AO	Abnormal Other - CXR findings suggestive of abnormalities other than TB
CCC	Comprehensive Care Clinic/Centre
CHV	Community Health Volunteer
DR TB	Drug-Resistant Tuberculosis
DS TB	Drug-Sensitive (susceptible) TB
F	Female
M	Male
Mo	Months
N	Normal CXR
ND	Not Done
Neg	Negative
PLHIV	People Living with HIV
Pos	Positive
SG	CXR Suggestive of TB
TB	Tuberculosis
UPI	Unique Patient Identifier
Yrs	Years

INSTRUCTIONS

Column Label	Column ID	Description
Serial Number	(a)	This is a number given by the health facility and shows the chronological order in which patients are started on treatment. It is a cumulative number that starts at the beginning of every year.
Patient Department No. e.g. Patient CCC or OPD Number	(b)	This is a number given to a client on arrival at the service delivery points e.g. CCC, OPD.
Date	(c)	This is the date on which the presumed TB/DR-TB case was registered at the facility: DD/MM/YYYY
Full Name (3)	(d)	This is the patient's name according to the identification documents (Three names - First/Middle/Last)
Sex	(e)	Indicate sex by use of M for Male and F for Female. If other specify.
Age	(f)	Enter Age in completed years and months. For children under one year, indicate in months only
Nationality/ National ID number/Passport/NEMIS	(g)	This is the current citizenship of the patient. Fill in the National ID number/Passport/ NEMIS
Physical address & Phone Number	(h)	This is the landmark nearest to where the client resides. It could be a school, mosque, church, market. Include the client's cell phone number.
Referred by	(i)	Indicate if the client has been referred by? Refer to table Patient Referred By
HIV Results (Pos/Neg/ND) and Date of test	(j)	Indicate the client's HIV status and the date when the test was done
Date sample collected at the facility	(k)	If a sample was collected, indicate the date when the sample was collected from the client
Investigation Results and Date of Results	(l,m,n)	Indicate the results of lab investigations done (Refer to the table of Investigations Done)
Xray Results and Date of Results	(o)	Indicate the results of X-ray (Normal (N), Abnormal Suggestive of TB (SG), Abnormal Other (AO), Not Not Done (ND)
Outcome of Investigation	(p)	This shows whether a client is a confirmed TB, DR-TB or has no TB
Started anti-TB Treatment (Y/N)	(q)	Indicate if the confirmed TB/DR-TB case has been started on treatment If Yes, Sub-county TB Registration No. & start date
TPT started (Y/N)	(r)	Indicate if an eligible TPT client has been initiated on TPT

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	R
Serial No	Patient department No. e.g. Patient CCC or OPD No.	Date	Full Names (First/Middle/Last)	Sex (M/F/Others)	Age in Yr/Month	Nationality and National ID/UPI/NEMIS No.	Physical Address and Phone number	Referred by (PS /SR /CI / CP / CHV / ISP)	HIV test results (Pos/Neg/ Not Done) and Date of test	Date Sputum collected	Write the Investigation Done, Results and Date of results				Outcome of Investigation (DSTB, DRTB or No TB)	Started anti-TB treatment (Yes/No)	TPT started (Yes/ No)	Remarks
										Type of Sample (code)	X-ray (N/SG/AO/ND)	Other Radiological test(s) done	Molecular / Culture test(s)	Microscopy/ TB LAMP		If Yes, Sub-county TB Registration No. & start date	If Yes, TPT Sub-county register No. & start date	
										Date Sputum Sample collected								

Page summary

Number of presumptive TB cases identified _____

Number of presumptive TB cases investigated for TB _____

Number of presumptive TB cases diagnosed with TB _____

Number of diagnosed TB cases initiated on treatment _____

Results	
Microscopy	TB LAMP
0	Negative
Actual Number	Positive
+	Indefinite
++	Invalid
+++	

Lab Result (Code)	Gene Xpert test results	
	MTB + RR	Mycobacterium Tuberculosis positive, Rifampicin Resistant
	MTB + RS	Mycobacterium Tuberculosis positive, Rifampicin Sensitive
	MTB –Ve	Mycobacterium Tuberculosis Negative
	Trace RR	Minimal traces of Mycobacterium Tuberculosis seen Rif Resistant
	Trace RS	Minimal traces of Mycobacterium Tuberculosis seen Rif Sensitive
	Trace RI	Minimal traces of Mycobacterium Tuberculosis seen Rif Indeterminate
	ND	Not done
	Invalid / No result / Error	
	TI	MTB detected Rif indeterminate

Patient referred by	
Private Sector	PS
Self referral	SR
Contact Invitation	CI
Chemist/Pharmacy	CP
Community Health Volunteer	CHV
Informal Service Provider	ISP

Investigations Done
Microscopy
GeneXpert
TruNat
TB-LAMP
LF-LAM

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