Form 6a. Drug-susceptible Register

Date of Registration (MM/DD/YY)	TB Case No.	Name (SURNAME/ First Name/ Middle Name)	Date of Birth (MM/DD/YY)	Age	Sex (M/ F)	Address & Contact Number	Source of Patient (tick one)				Anatomical Site (P/ EP)	Bacteriological Status (BC/ CD)	Registration Group (tick one)						Transfer-in	Treatment Regimen (I/ II)
							Public Health Center	Other Public Facilities	Private	Community			New	Relapse	Treatment After Failure	TALF	PTOU	Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				(9)	(10)	(11)							(12)

Month & Year: ______________________

Date Started Treatment (MM/DD/YY)	Sputum Examination (Date Examined/ Result)								Treatment Outcome (Indicate Date of Last Intake)						PICT		Remarks (CXR result, PhilHealth member, TBDC result, CPT/ART, etc.)
	Before Treatment		Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. >7	Cured	Completed	Died	Failed	Lost to Follow-up	Not Evaluated	Done? (Y/ N/ NA)	Date (MM/DD/YY) / Result	
	DSSM	Xpert															
(13)	(14)								(15)						(16)		(17)