

Form 6a. Drug-susceptible TB Register

Name of Facility: _____

Province/ HUC: _____

Region: _____

Cohort: _____

#	Field	Definition	Format/ Legend
1	TB Case Number	Unique TB episode code generated from ITIS	PSGC-NNN-A-YY-nnn ; PSGC - regional and provincial code; NNN - serial number of health facility; A-patient type (S for DS-TB); YY-year; nnn-serial number of patient notified
2	Date of Screening	Date patient was screened and identified as a presumptive TB	Dates in MM/DD/YYYY
3	Date of Notification	Date notification form or treatment card was opened	Dates in MM/DD/YYYY
4	Date Start of Treatment	Date treatment was started	Dates in MM/DD/YYYY ; If patient is transfer-in, indicate original treatment start date and date of transfer-in in parentheses
5	Patient's Full Name	Patient's full legal name	SURNAME in capital letters followed by a comma then Given names followed by Name extensions (i.e., Jr., Sr., III) and Middle name
6	Date of Birth	Patient's birthdate	Dates in MM/DD/YYYY ; If unknown indicate June 30 and estimated year of birth
7	Age	Patient's completed years as of date of screening	NN in years if at least 1 year old; NNm (for completed months) if less than 0
8	Sex	Patient's sex	M - male; F - female
9	Permanent Address & Contact Number	Patient's permanent registered residence and current contact information	House Number, Street and Village Name, and Barangay/ District if patient is within facility's catchment; Otherwise, put complete address including Municipality, City, Province, and Zip Code; Mobile Number 09xx-xxxxxxx and Landline Number xxxx-xxxx ; add area code if patient is from outside the facility's catchment
10	Source of Patient	Main type and sub-type of facility that referred the patient for screening	Pub - Public (CHOs/RHUs/HCs); OPub - Other Public (H - Hospitals, J&P - Jails & Prisons, and OG - other government facilities); Priv - Private (H - Hospitals, C - Clinics, and OPriv - other private facilities); C - Community (V - Community Volunteer, CBO - Community-based Org, and NGO - NGO/CSO)
11	Mode of Screening	Approach done in finding the patient	PCF - Passive Case Finding; ACF - Active Case Finding; ICF - Intensified Case Finding; ECF - Enhanced Case Finding
12	Anatomical Site	Classification of TB case according to organ affected by the disease	P - Pulmonary; EP - Extra-pulmonary; if EP, specify site; if both P and EP, indicate P
13	Registration Group	Classification of TB case based on history of TB treatment	N - New; R - Relapse, TAF - Treatment After Failure; TALF - Treatment After LTFU; PTOU - Prev. Tx Outcome Unk; UH - Unknown History
14	TB Bacteriological Status	Classification of TB case according to laboratory diagnostic test results	BC - Bacteriologically-confirmed; CD - Clinically-diagnosed
15	Treatment Regimen at Start	Regimen type upon enrollment	1 - 2HRZE/4HR and its modifications ; 2 - 2HRZE/10HR and its modifications
16	Number of Contacts	Number of contacts (Contact - a person who shared an enclosed space, such as the household, a social gathering place, workplace or facility, for extended periods within the day with the index case during the 3 months before diagnosis of TB)	NN (Identified - number declared by the patient as his/her household or close contact; Tested - among identified, number who submitted sputum for testing; Diagnosed - among tested, number of bacteriologically confirmed or clinically diagnosed to have active TB; Treated - among diagnosed, number who started on treatment)
17	HIV Status & Test Date	Result of HIV Testing and date HIV test was administered Date of counselling may be written temporarily in pencil	NR - non-reactive; R - reactive (in pencil while awaiting confirmatory test results); N - negative, P - positive; Dates in MM/DD/YYYY
18	DM Status & Test Date	Result of Diabetes Mellitus Screening/Risk Assessment and date DM test was administered; Date of counselling may be written temporarily in pencil	(+) - with DM; (-) - without DM; Dates in MM/DD/YYYY
19	Location of Treatment	Type of treatment location	FB - facility based (RHU/HC/BHS); CB - community-based (workplace, common meeting place); HB - home-based; add DAT - digital adherence tool used and specify (99DOTS, VDOT, MedBox)
20	Type of Treatment Supporter	Type of treatment supporter	HCW - Health Care Worker, F - Family, V - Volunteer (non-related), O - Others
21	Xper MTB/RIF	Result of a cartridge-based nucleic acid amplification test (NAAT)	T - MTB detected, Rifampicin resistance not detected; RR - MTB detected, Rifampicin resistance detected; TI - MTB detected, Rifampicin resistance indeterminate; N - MTB not detected; I - Invalid/ No result/ Error; ND - Not Done; Dates in MM/DD/YYYY
	TB Smear Microscopy	Result of testing specially stained smears using brightfield or fluorescence microscopy Space can also be used for TB LAMP results	Smear: 0 - no AFB seen / no AFB observed in 1 length; +n (in red) - n AFB seen in 1 length / 5-49 AFB in 1 length / 3-24 AFB in 1 length; 1+ (in red) - 10-99 AFB seen in 1 length / 3-24 AFB in 1 field / 1-6 AFB in 1 field; 2+ (in red) - 1-10 AFB/ OIF, at least 50 fields / 25-250 in 1 field / 7-60 in 1 field; 3+ (in red) - >10 AFB/ OIF, at least 20 OIF / > 250 in 1 field / >60 in 1 field; ND - Not Done; N/A - Not Applicable TB LAMP: P (in red) - MTB detected, the sample fluoresce under the UV light; N - MTB not detected, the sample did not fluoresce under the UV light; I - Sample with incomplete fluorescence as compared to the positive control; this should be repeated using the same sample. If the second test result is still the same, release the result as Indeterminate Dates in MM/DD/YYYY
22	Treatment Outcome	Evaluation of completion of treatment based on laboratory follow-up results, number of doses taken, and clinical improvement	Cured; Treatment Completed; Died; Failed; LTFU - Lost to Follow-up Dates in MM/DD/YYYY ; Indicate short reason if Died, Failed, or LTFU
23	Remarks	Other notes on the patient	PhilHealth Number, Research participation, etc.

(1) TB Case Number	(2) Date of Screening (MM/DD/YYYY)	(3) Date of Notification (MM/DD/YYYY)	(4) Date Start of Treatment (MM/DD/YYYY)	(5) Patient's Full Name (SURNAME, Given Names Name Extension and Middle Name)	(6) Date of Birth (MM/DD/YYYY)	(7) Age	(9) Permanent Address & Contact Number (House No., Street, Barangay, City/ Municipality, Province, Region & include Area Code for telephone no.)	(10) Source of Patient (see legend)	(12) Anatomical Site (P/EP & specify)	(13) Registration Group (see legend)	(14) Bacteriological Status (BC/CD)	(15) Treatment Regimen at Start (1/ 2)
						(8) Sex (M/F)		(11) Mode of Screening (P/ A/ I/ E)				
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(16) Number of Contacts (Adults on top and Children 0-14 on bottom)				(17) HIV Status (see legend) & Test Date (MM/DD/YYYY)	(18) DM Status (see legend) & Screening Date (MM/DD/YYYY)	(19) Location of Tx (FB/CB/HB & DAT-specify)	(21) Xpert MTB/RIF (X) and TB Smear Microscopy (S) (Results/ Date Collected MM/DD)							(22) Treatment Outcome (Outcome, Date MM/DD/YYYY & Reason)	(23) Remarks (PhilHealth Number, study participated, notes, etc.)
Identified	Tested	Diagnosed	Started on Tx			(20) Type of Tx Supporter (HCW/ F/ V/ O)	X	S	2	5	6	>7	Other Labs		
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