

Form 6c. TB Preventive Treatment 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 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
4	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
5	Date of Birth	Patient's birthdate	Dates in MM/DD/YYYY ; If unknown indicate June 30 and estimated year of birth
6	Age & Sex	Patient's completed years and sex	NN in years if at least 1 year old; NNm (for completed months) if less than 0 M - male; F - female
7	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
8	Indication for TPT	Reason for starting IPT	HC - Household contact; CC - Close contact; H - PLHIV; CRG - High risk clinical group
9	Regimen	Treatment regimen type given to patient	6H; 3HP; 3HR; 4R
10	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)
	Type of Treatment Supporter	Type of treatment supporter	HCW - Health Care Worker, F - Family, V - Volunteer (non-related), O - Others
11	Treatment Outcome	Evaluation of completion of treatment based on number of doses taken, and clinical improvement	Treatment Completed; Died; Failed; LTFU - Lost to Follow-up Dates in MM/DD/YYYY ; Indicate short reason if Died, Failed, or LTFU
12	Remarks	Other notes on the patient	PhilHealth Number, Research participation, etc.

TPT Case Number	Date of Screening (MM/DD/YYYY)	Date of Notification (MM/DD/YYYY)	Date Start of Treatment (MM/DD/YYYY)	Patient's Full Name (SURNAME, Given Names Name Extensions and Middle Name)	Date of Birth (MM/DD/YYYY)	Age	Permanent Address & Contact Number (House No., Street, Barangay, City/ Municipality, Province, Region & include Area Code for telephone no.)	Indication for TPT (HC/CC/H/ CRG)	Regimen (6H/ 3HP/ 3HR/ 4R)	Location of Tx (FB/CB/HB & DAT-specify)	Treatment Outcome (Outcome, Date MM/DD/YYYY & Reason)	Remarks (PhilHealth Number, study participated, notes, etc.)
						Sex (M/F)				Type of Tx Supporter (HCW/ F/ V/ O)		
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