TUBERCULOSIS IDENTIFICATION REGISTER

District: Cape winelands

Sub-District: Breede valley local municipality

Facility Name: Rural Step down

Covered Year: 2018

Specimen Barcode Number [1]	Patient Folder Number	Surname (Top one) First name(s) (Below one)	Date of birth (Top one) dd/mm/yyyy / Age (below one)	Gender M/F	Physical Home Address [2]	Telephone / Cellphone	Contact (one (Top one) / DM DR-TB (below one)	HIV Status (Pos/Neg /Unk)	Pregnant (Y/N)	Diabetes Mellitus (Y/N/Unk)	BASELINE TEST RESULTS: Date Sputum collected [3] dd/mm/yyyy	Date Sputum test Result received [4] dd/mm/yyyy	Xpert (Top one) / Smear microscopy (below one)	TEST RESULT TURN AROUND TIME [5]: <48hrs	>48hrs	TB CULTURE/ LPA/ DST RESULTS: Date sputum collected dd/mm/yyyy	Culture Result (Pos/Neg)	Drug Resistance on LPA/ DST (Tick): R	H	OTHER TESTS DONE: Test / Result	PATIENTS DIAGNOSED WITH TB (DM DR-TB): Date Treatment Started [6] dd/mm/yyyy	Died before Treatment Started (Tick)	Lost to follow-up (Tick)	IPT Start Date for contacts <5years dd/mm/yyyy	REMARKS
AXG987	0000000004	MASEKO DAVID	07/07/1982	M	14 MAIN STR ROSEBANK	082 744 7510	N	POS		N	05/01/2018	06/01/2018	NEG			10/01/2018		S	S		10/01/2018				STARTED ART AT De-Dooms clinic: 03/12/2017
TOTALS:																									

[1] Place Barcode sticker from the laboratory form/ write barcode number eg. AXG0420

[2] Full detailed address of where the patient lives or can be reached during the day.

[3] Write date when the patient produced sputum specimen

[4] Write date when the test results were received by the facility

[5] Tick whether sputum results were back within 48hrs or after 48hrs in the facility.

[6] Write date on which the patient was started on treatment.

Completed by : (Initials/Name)

Signature:

Checked by : (Initials/Name)

Signature: