

TB Laboratory Register

Reasons for Examination

Lab. Serial No.	Date of collection of first specimen	Name (in full)	Age	Sex M / F / TD	Complete address (for diagnosis patients) & Phone No.	Key Population	Name and type of referring health facility ²	Presumptive TB / RE / Presumptive NTM	Predominant symptom ³ & its duration ⁴	History of >1 month ATT (Yes/No)	Follow-up		
											Nikshay ID	Regiment New (N) / Previously Treated (PT)	Month
1	20/15	Abhilash	54	M	Cheruvu, Vaidyanthar St., 750034 2242	2	PHC	NEW	c				
2	3/19	Aravind	50	M	Cheruvu, Vaidyanthar St., 750034 2242	2	PHC	NEW	c				
3	19/19	Aravind	54	M	Cheruvu, Vaidyanthar St., 750034		PHC	F/U			8603042		2

¹Key population - 1. Contact of TB/RTS case, 2. Tobacco, 3. Prison inmates, 4. Miner, 5. Migrant, 6. Refugee, 7. Urban Slum, 8. Health-care worker, 9. Other (specify)
²Name of referring health facility-PMO/NC/STO/CO/MT/Medical College/DR-TB centre / Private / Others, specify
³Predominant symptoms: Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat - N Others-O, No symptoms - NS
⁴Duration of predominant symptoms should be recorded in days

DDT
27/04/19

Type of specimen	Visual appearance ⁵		Results	
	a ⁶	b ⁶	a ⁶	b ⁶
	m	m	3+	3
	m	m	S	
	m	m	neg	

⁵Visual appearance - mention
⁶a-stands for supervised sputum
 Sensitive = if sensitive to Is
 =Moxifloxacin, Km=Kanamycin
 *Remarks column can include