National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER

2020 Version GW20/13



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



	START DATE:	••••••	••••••	END DATE:	••••••	••••••	
DISTRICT	Γ•		FACILITY:			YEAR:	

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AIM:

The main aim of this Register is to collect all the necessary information on people with TB symptoms, to assist with the following;

- 1. Follow-up of patients with positive results who do not come back for their results.
- 2. Monitoring whether all the results of specimens sent to the laboratory are returned to the facility.
- 3. Monitoring of the Turn-Around-Time (TAT) for results.
- 4. Estimating the laboratory supplies needed by the facility.
- 5. Follow-up of symptomatic patients referred to hospital for further investigations and final diagnosis.

COMPLETION OF THE TUBERCULOSIS IDENTIFICATION REGISTER:

- 1. All patients a who have one or more of the TB symptoms indicated in the TB screening tool must be recorded in this register.
- 2. ALL Household Contacts MUST be recorded in this register, irrespective of TB symptoms.
- 3. ALL HIV Positive pregnant woman enrolled in ANC for the first time MUST be recorded in this register irrespective of the TB screening outcome.
- 4. The 'Specimen Barcode number' is on the small barcode label on the laboratory request form. The label can be peeled off the form and affixed in the appropriate row in the register.
- 3. If the person is a household contact of a DS-TB or DR-TB patient, write "Y" in the upper row under the "Contact" column. In the bottom row of the same column indicate whether the index patient had drug susceptible TB (DS-TB) or drug resistant TB.
- 4. If not a household contact, write "No".
- 5. Write "Yes" at the top if the client was identified with TB symptom. Use the following codes for TB symptom to record at the bottom row.
 (1 = Cough for more than 2 weeks or any duration if HIV positive; 2 = Fever of more than 2 weeks; 3 = Unexplained loss of Weight/
 Failure to thrive for children; 4 = Drenching night sweats; 5 = Fatigues or less playful for children.) If a client present with more than one symptom use comma (;) to separate. Write No if no TB symptom was identified but client meet criteria to be investigated.
- 6. Write "Yes" If patient is a known diabetic on treatment, "No" if a patient has tested before and told they are not diabetic, "unknown" if patient does not know or never tested before for diabetes.
- 7. Write "Pos" if patient is a known HIV positive person, "Neg" if patient tested negative in the past year, "Unk" if HIV status is unknown or patient has never tested before.
- 8. Write "Yes" if patient has been confirmed as pregnant, "No" if patient says she is not pregnant.
- 9. Write "Pos" if a patient has had a positive COVID -19 test in the past 2 weeks, "No" if the patient has tested negative for COVD-19 in the past 2 weeks or "unk" if the patient has not tested in the past 2 weeks.
- 10. Use the Column "Xpert" to record the results of the Xpert test. Use the top row to record the First test taken. Where a second Xpert specimen is collected following an unsuccessful first Xpert test (leaked, indeterminate, contaminated specimen) this must be recorded in the second row in the Xpert test.
- 11. Where a pretreatment sputum specimen for baseline smear microscopy is collected following an Xpert positive result, this must be

entered in the column marked as "Smear Microscopy". Record the results of the test in top row (Pos, Neg, Scanty, not done/ no result), and record grading of smear positive results in the bottom row (i.e. +/++/+++).

Note: All positive results must be recorded with a RED pen, and all other results recorded with a black pen in the register.

12. The date the specimen was collected must be entered in the "Date specimen collected" column and the date the results were received at the facility entered in the "Date Results received" column.

Note: The TAT is calculated from the time the sputum was collected to the time the results were received in the facility NOT the date on the laboratory result report.

- 13. Indicate Rifampicin sensitivity based on the Xpert lab results. Record "R" if Rifampicin resistance and "S" if Rifampicin Sensitive.
- **14.** For non Bacteriological Investigations, record the date in which investigation was conducted at the top and results at the bottom. If "Other tests" write the test used to make a diagnosis under "Remarks" column.
- 15. The treatment start date must be entered in the column "TB confirmed clients" in the correct format. The TB Registration number must be recorded in the "Remarks Column".
- 16. If the patient died before treatment was started, tick in the column "Died before treatment start" and if the date of death is known it must be entered
- 17. If the patient is lost to follow-up, tick in the column "Lost to follow up" and explain under "Remarks" column the outcomes of the tracing.

 The definition of loss to follow up in this case is a patient who missed an appointment for the results, traced but not found in two weeks.
- 18. When other tests such as Culture, LPA and DST are conducted, the specimen collection date should be recorded under column "Date specimen collected". The results should be entered under the column "Results" and "Resistance" columns. If tests other than bacteriological tests are conducted, these must be recorded under the column "Non-Bacteriological Test". The Date of the test should be recorded in the bottom row, the test result should be recorded in the top row.
- 19. If patient is diagnosed with DR-TB, the treatment start date must be entered in the "Patient diagnosed with TB/ DR-TB" column. The MDR-TB treatment site where the patient was referred must be documented under the "Remarks" column.
- 20. If patient with DR-TB "died" or "lost to follow up" before treatment is started capture in the register as outlined in 16 and 17 above.
- 21. For all contacts (irrespective of HIV status) and PLHIV found not to have TB (negative test results) and started on TPT, the TPT start date must be entered in the column "TPT start date".
- 22. At the end of each page the totals must calculated and entered in the last row labelled "totals".
- 23. The person completing the register must write his/her name and sign at the bottom of each page.
- 26. The person who checks the data for correctness and completeness must write his/her name and sign at the bottom of each page.

COMPLETION OF THE DATA SUMMARY SHEET:

- 1. At the end of each register is a copy of the data summary sheet that needs to be completed at the end of each month.
- 2. The data elements from the summary sheet must be entered in the Monthly Data Input Form.
- 3. At the end of each quarter the data must be collated and submitted to the District as part of the quarterly reports.
- 4. The data summary sheets remain in the facility for audit/ data verification purposes.

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Specimen Barcode Number! Surname (Top row) DD / MM / YYYY Surname (Top row) Surname			Date of birth				TB symptoms		Risk Gro	oups			TB Investigations	
Speciment Registration Registr		_	(Top row)				Identified	Contact (Y / N)					Bacteriologica	l investigation
				ider / F	Physical Home Address ² /	Telephone / Cellphone	Yes / No	(Top row)	is	<u> </u>	Ilitus i≿	9 Unk)	BASELINE TESTS	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Statu (Pos / Neg /	Pregnar (Y / N)	Diabetes Me (Y / N / Ur	COVID-1 (Pos / Neg /	collected4	Date test Result received ⁵ DD / MM / YYYY
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TOTALS: Total													2	2
	TOTALS:								number	number	Total number Diabetic:	Total number positive:		

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

	TB Investigations												med Client	ts (DS-TB	€	
			Bacteriolo	gical inve	stigation			Non- Bacteriological Investigations					and DR-TB))	W / X	
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST F TURN A TII	AROUND Me ⁶	Rif Susceptibility	ТВ	TB CULTURE / LPA / DST		X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date® (for contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date S DD/	Died bef	Loss 1	(for con	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	
	1						I .		1						0.14.7	

6. Tick whether sputum results were back within 48hrs.

Complied by:

Date:

Date:

Verified by:

Signature:

Date:

Date:

Signature:

Date:

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			Date of birth TB symptoms			Risk Gro	oups			TB Investigations				
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)			SI			al investigation
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	Yes / No		itus / Unk	ant	Aellitu Unk)	-19 / Unk	BASELIN	NE TESTS
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	U	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		
Place Barcode sticke	or.				2 Full detailed address of where the nationt lives		3. Use the coding on						4 Write down a date	5. Write date when the

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

	TB Investigations												TB Confirmed Clients (DS-TB			
		ı	Bacteriolo	gical inve	stigation			Non- Bacteriological Investigations					and DR-TB)		JW / YY	
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST R TURN A TIN (Tio	ROUND 11E6	Rif Susceptibility	ТВ	CULTURE / LPA / DST		X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

6. Tick whether sputum results were back within 48hrs.

Complied by:

Date:

Verified by:

Signature:

Date:

Signature:

Date:

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		Surname	Date of birth		Physical Home Address² / Land Mark		TB symptoms		Risk Gro	oups			TB Investigations		
			(Top row) DD / MM / YYYY	Gender M / F			TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	I investigation	
Specimen Barcode	Patient Folder	(Top row)				Telephone / Cellphone	Yes / No		t us / Unk	ŧ_	ellitus Ink	19 / Unk)	BASELIN	E TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)			·	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			
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	TB Investigations													s (DS-TB	≽	
			Bacteriolo	gical inve	estigation			Non- Bacteriological Investigations					and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ	CULTURE / LPA / [TURE / LPA / DST		U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

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			Date of birth				TB symptoms		Risk Gro	oups			TB Investigations		
		Cumana	(Top row) DD / MM / YYYY	Gender M / F			TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	l investigation	
Specimen Barcode	Patient Folder	Surname (Top row)			Physical Home Address ² / Land Mark	Telephone / Cellphone	Yes / No	(10p 10w)	us 'Unk	ŧ	ellitus nk)	19 ′ Unk)	BASELIN	IE TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)				If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:							3 Use the coding on		Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		F. Write data when the	

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6. Tick whether sputum results were back within 48hrs.

Complied by:

Date:

Date:

Verified by:

Signature:

Date:

Date:

Signature:

Date:

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health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms		Risk Gro	oups			TB Investigations		
		Cumana	(Top row) DD / MM / YYYY	Gender M / F			TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	l investigation	
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TOTALS:							3 Use the coding on		Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		F. Write data when the	

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	TB Investigations												TB Confirmed Clients (DS-TB			
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

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health
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			Date of birth				TB symptoms		Risk Gro	oups			TB Inves	stigations
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)			SI			al investigation
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	Yes / No		itus / Unk	ant	Aellitu Unk)	-19 / Unk	BASELINE TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	U	Land Mark	Cemphone	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
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													1	1
													2	2
TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		
Place Barcode sticke	or.				2 Full detailed address of where the nationt lives		3. Use the coding on						4 Write down a date	5. Write date when the

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

Complied by: .

TB Investigations											TB Confirmed Clients (DS-TB			⊱		
		ı	Bacteriolo	gical inve	stigation			ı	Non- Bacteriologi	cal Investigation	s	•	and DR-TB)		JW / YY	
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST R TURN A TIN (Tio	ROUND 11E6	Rif Susceptibility	ТВ			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 8	Died bei	Loss	(for cor	
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2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

6. Tick whether sputum
results were back
within 48hrs.

Date:

Verified by:

Signature:

Date:

Verified by:

Signature:

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NTCP TB Identification Register 1020 V9.indd 15 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

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			Date of birth				TB symptoms		Risk Gr	oups			TB Inves	stigations	
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)					Bacteriologica	al investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² /	Telephone /	Yes / No	(15)	us Juk	ŧ	ellitus na	19 Unk	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark	Cellphone	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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				-					_				2	2	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

	TB Investigations												TB Confirmed Clients (DS-TB			
	Bacteriological investigation								Non- Bacteriologi	cal Investigation	s]	and DR-TB)		/W/ YY	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIMEs (Tick)		Rif Susceptibility	TB CULTURE / LPA / DST			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date ⁸ (for contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date S DD/	Died bef	Loss 1	(for con	
1		1	1													
2		2	2													
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	
	1						<u> </u>	1	<u> </u>	I.	l				0.147	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 17 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms Identified		Risk Gro	TB Investigations				
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)					Bacteriological investigation	
Specimen Barcode	Patient Folder	(Top row) Physical Home Address ² / Telephone / Yes	Yes / No	(10p 10w)	us 'Unk	ŧ	ellitus nk)	19 / Unk)	BASELINE TESTS					
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
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									Total	Total	Total	Total	۷	
TOTALS:							3 Use the coding on		Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		F. Write data when the

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility Name:
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	TB Investigations													s (DS-TB	≽	
Bacteriological investigation Non- Bacteriological Investigations										s		and DR-TB)		/WW/		
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ	TB CULTURE / LPA / DST		X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 19 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms		Risk Gr	oups			TB Investigations		
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)		t (Bacteriological investigation		
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² /	Telephone /	Yes / No	(15)	us Curk		ellitus na	19 Unk	BASELII	NE TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark	Cellphone	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
													1	1	
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									Takat	Tabal	Tabel	Tabel			
TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

^{1.} Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

^{2.} Full detailed address of where the patient lives or can be reached during the day.

^{3.} Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

Complied by: .

	TB Investigations													s (DS-TB	⊱	
		ı	Bacteriolo	gical inve	stigation			ı	Non- Bacteriologi	cal Investigation	s	•	and DR-TB)		JW / YY	
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST R TURN A TIN (Tio	ROUND 11E6	Rif Susceptibility	ТВ	CULTURE / LPA / D	CULTURE / LPA / DST		X-Ray DD / MM / YYYY DD / MM / YYYYY		Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS	
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 8	Died bei	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

6. Tick whether sputum
results were back
within 48hrs.

Signature:
Date:
Verified by:
Signature:
Date:

NTCP TB Identification Register 1020 V9.indd 21 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms		Risk Gro	oups			TB Inves	TB Investigations	
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)			SI			al investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	Yes / No		itus / Unk	ant	Aellitu Unk)	-19 / Unk	BASELIN	NE TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	U	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			
Place Barcode sticke	or.				2 Full detailed address of where the nationt lives		3. Use the coding on						4 Write down a date	5. Write date when the	

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

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Sub District:	Facility	Name:	

	TB Investigations												TB Confirmed Clients (DS-TB			
			Bacteriolo	gical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ	TB CULTURE / LPA / DST		X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 23 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms		Risk Gro	oups			TB Investigations	
		Surname	(Top row) DD / MM / YYYY				TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	I investigation
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² /	Telephone /	Yes / No		t us / Unk	ŧ_	ellitus Ink	19 / Unk)	BASELIN	E TESTS
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		
Place Barcode sticker	,				2 Full detailed address of where the natient lives		3. Use the coding on						4 Write down a date	5: Write date when the

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	TB Investigations												TB Confirmed Clients (DS-TB			
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2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

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Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 25 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

District	
DISTRICT	

			Date of birth				TB symptoms		Risk Gr	oups			TB Investigations		
		Surname	(Top row) DD / MM / YYYY		Physical Home Address ² /		Identified	Contact (Y / N) (Top row)					Bacteriologica	al investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F		Telephone /	Yes / No	(15)	us Juk	ŧ	ellitus na	19 Unk	BASELII	BASELINE TESTS	
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark	Cellphone	D	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

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	TB Investigations													s (DS-TB	≽	
			Bacteriolo	gical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 27 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

District	
DISTRICT:	

			Date of birth				TB symptoms		Risk Gro	oups			TB Inves	stigations	
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)			SI			al investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address² / Land Mark	Telephone / Cellphone	Yes / No		itus / Unk	ant	Aellitu Unk)	-19 / Unk	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	U	Land Mark	Cemphone	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
													1	1	
													2	2	
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													2	2	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			
Place Barcode sticke	or.				2 Full detailed address of where the nationt lives		3. Use the coding on						4 Write down a date	5. Write date when the	

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

	TB Investigations													s (DS-TB	≽	
			Bacteriolo	gical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

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Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 29 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

Dietriet:	
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			Date of birth				TB symptoms		Risk Gr	oups			TB Inves	stigations	
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)					Bacteriologica	gical investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² /	Telephone /	Yes / No	(15)	us Juk	ŧ	ellitus na	19 Unk	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark	Cellphone	If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facilit	Name:	

	TB Investigations													s (DS-TB	≽	
			Bacteriolo	gical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ			X-Ray DD / MM / YYYY	U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

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Complied by: Signature: Date: Verified by: Signature: Date:

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health
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			Date of birth				TB symptoms		Risk Gro	oups			TB Inves	tigations
	Surname	(Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² /		TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	l investigation	
Specimen Patient Barcode Folder	(Top row)				Telephone / Cellphone	Yes / No	(10p 10w)	us 'Unk	ŧ	ellitus nk)	19 ′ Unk)	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
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TOTALS:							3 Use the coding on		Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		F. Write data when the

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

						TB Investigation	s					TB Confi	rmed Client	s (DS-TB	≽	
			Bacteriolo	gical inve	estigation			Non- Bacteriological Investigations					and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ	CULTURE / LPA / [DD ,		U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

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Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 33 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

			Date of birth				TB symptoms		Risk Gro	oups			TB Inves	tigations
	Surname	(Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² /		TB symptoms Identified	Contact (Y / N) (Top row)					Bacteriologica	l investigation	
Specimen Patient Barcode Folder	(Top row)				Telephone / Cellphone	Yes / No	(10p 10w)	us 'Unk	ŧ	ellitus nk)	19 ′ Unk)	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	Ge	Land Mark		If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
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													2	2
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TOTALS:							3 Use the coding on		Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:		F. Write data when the

1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

						TB Investigation	s					TB Confi	rmed Client	s (DS-TB	≽	
			Bacteriolo	gical inve	estigation			Non- Bacteriological Investigations					and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	ТВ	CULTURE / LPA / [DD ,		U-LAM DD / MM / YYYY	Mantoux DD / MM / YYYY	Other Tests DD / MM / YYYY	Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date 9	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

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Complied by: Signature: Date: Verified by: Signature: Date:

NTCP TB Identification Register 1020 V9.indd 35 2020/10/06 1:51 PM

health
Department: Health REPUBLIC OF SOUTH AFRICA

Specimen Barcode Number! Surname (Top row) DD / MM / YYYY Surname (Top row) Surname				Date of birth				TB symptoms		Risk Gro	oups			TB Inves	tigations	
Speciment Registration Registr			Surrama	(Top row)				Identified	Contact (Y / N)					Bacteriological investigation		
				der 'F	Physical Home Address ² /	Telephone /	Yes / No	(Top row)	is	<u> </u>	Ilitus i≿	9 Unk)	BASELINE TESTS			
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1. Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

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

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Sub District:	Facility	Name:	

						TB Investigation	s					TB Confi	rmed Client	s (DS-TB	≽	
			Bacteriolo	gical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)		/WW/	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN A	RESULT Around ME ⁶ ick)	Rif Susceptibility	TB CULTURE / LPA / DST		X-Ray U-LAM DD / MM / YYYY		Mantoux DD / MM / YYYY	Mantoux Other Tests DD / MM / YYYY		Died before Treatment Start (TICk) Loss to follow up (TICk)		TPT Start Date⁸ contacts, PLHV) DD / MM / YYYY	REMARKS	
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date Treatment Started7 DD / MM / YYYY	Died be	Loss	(for cor	
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Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number testedpositive:	Total number reactive:	Total:	Total started Rx:	Total died:	Total not on Rx:	Total started TPT:	

7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

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health
Department: Health REPUBLIC OF SOUTH AFRICA

District:	
District:	

			Date of birth				TB symptoms		Risk Gr	oups			TB Inves	stigations	
		Surname	(Top row) DD / MM / YYYY				Identified	Contact (Y / N) (Top row)			SI			al investigation	
Specimen Barcode	Patient Folder	(Top row)		Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	Yes / No		itus / Unk	ant	Aellitu Unk)	-19 / Unk	BASELINE TESTS		
Number ¹	Number	First name(s) (Bottom row)	Age (Bottom row)	ō -			If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			
Place Barcode sticke	or.				2 Full detailed address of where the nationt lives		3. Use the coding on						4 Write down a date	5. Write date when the	

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Sub District:	Facility Name:	

	TB Investigations TB														>	
			Bacteriol	ogical inve	estigation				Non- Bacteriologi	cal Investigation	s		and DR-TB)	1	/W/ YY	
Xpert (1st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TURN .	RESULT AROUND ME ⁶ Tick)	Rif Susceptibility	ТВ	TB CULTURE / LPA / DST			U-LAM DD / MM / YYYY	Mantoux YYYY DD / MM / YYYY DD / MM / YYYY		Date Treatment Started7 DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up	TPT Start Date ⁸ (for contacts, PLHV) DD / MM / YYYY	REMARKS
Xpert (2 nd test if any)	Grading (bottom row)	< 48hrs	> 48hrs	R/S	Date specimen collected DD / MM / YYYY	Result (Pos / Neg)	Resistance (R/H)	Result	Result	Result	Result	Date S	Died bef	Loss 1	(for con:	
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7. Write date on which the patient was initiated on Treatment.

8. Write a date for TPT start.

Complied by: Signature: Date: Verified by: Signature: Date:

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SUMMARY FOR TB DETECTION

Year:		Numbe	er of clients v symptoms	with TB	R	isk groups w	vith identified	TB symptom	ıs		Risk grou	ıps Investiga	ted for TB	Number of clients investigated for TB				
		Total	> 5 yrs	≤ 5 yrs	HIV Pos	Diabetic		Contacts	COVID 19	HIV Pos	Diabetic	Pregnant		COVID 19	Bacteriological tests		Non Bacteriological tests	
		iotai	> 5 yis	≥ 5 yis	HIV FOS	Diabetic	Pregnant	Contacts	COVID 19	HIV FOS	Diabetic	Freguant	Contacts	COVID 19	< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs
	January																	
<u>-</u>	February																	
Quarter 1	March																	
	Total																	
	April																	
r 2	May																	
Quarter 2	June																	
	Total																	
	July																	
6	August																	
Quarter 3	September																	
	Total																	
	October																	
r 4	November																	
Quarter 4	December																	
	Total																	

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Т	B Confirmed	Risk Among	st Risk Group	os	F	esults of TB	Investigation	s		Outcomes	for TB confir	med clients		Number o with n	f Contacts egative on initiated	Number of	Number of test
HIV Pos	Diabetic	Pregnant	Contacts	COVID 19	Bacterio confi	logically rmed	Clinically	Confirmed	Started Treat	d on TB ment	0	ther Outcom	es	on	TPT	specimen sent to lab for testing (Xpert)	results (Xpert) received within 48 hrs (2 days)
1114 1 03	Diabette	Trognant	Oomadis	OOVID 13	< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs	RR	Died	LTFU	< 5 yrs	≥ 5 yrs		

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