

National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER

2020 Version
GW20/13



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



START DATE: END DATE:

DISTRICT: FACILITY: YEAR:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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 COVID-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.

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations		
			Age (Bottom row)					Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					BASELINE TESTS	
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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2		2	2													
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1		1	1													
2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number tested positive:	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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations		
			Age (Bottom row)					Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					BASELINE TESTS	
														1	1
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														2	2
														1	1
														2	2
														1	1
														2	2
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														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY
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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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

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														1	1
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														1	1
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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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
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6. Tick whether sputum results were back within 48hrs.

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

8. Write a date for TPT start.

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			If Yes (Code) ³				DS/ DR- TB / unk (Bottom row)	Date Specimen collected ⁴ DD / MM / YYYY					Date test Result received ⁵ DD / MM / YYYY	
													1	1
													2	2
													1	1
													2	2
													1	1
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6. Tick whether sputum results were back within 48hrs.

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

8. Write a date for TPT start.

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TUBERCULOSIS IDENTIFICATION REGISTER

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								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
														1	1
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														1	1
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														1	1
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

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Sub District: Facility Name:

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Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations		
			Age (Bottom row)					Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number tested positive:	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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
			Age (Bottom row)				Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
							If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					BASELINE TESTS	
													Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
			Age (Bottom row)				Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
							If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
			Age (Bottom row)				Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
			If Yes (Code) ³				DS/ DR- TB / unk (Bottom row)	Date Specimen collected ⁴ DD / MM / YYYY					Date test Result received ⁵ DD / MM / YYYY	
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHV) DD / MM / YYYY
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations		
			Age (Bottom row)					Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
Total Xpert Positive:				Total Rif Resistance		Total tested Positive:	Total MDR-TB:	Total number suggestive:	Total number tested positive:	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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
			Age (Bottom row)				Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
							If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					BASELINE TESTS	
													Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations	
			Age (Bottom row)				Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
							If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					BASELINE TESTS	
													Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
													1	1
													2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified Yes / No If Yes (Code) ³	Risk Groups					TB Investigations		
			Age (Bottom row)					Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation		
								DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY	
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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.

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

8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:

TUBERCULOSIS IDENTIFICATION REGISTER

District:

Specimen Barcode Number ¹	Patient Folder Number	Surname (Top row) First name(s) (Bottom row)	Date of birth (Top row) DD / MM / YYYY	Gender M / F	Physical Home Address ² / Land Mark	Telephone / Cellphone	TB symptoms Identified	Risk Groups					TB Investigations		
			Age (Bottom row)					Yes / No	Contact (Y / N) (Top row)	HIV Status (Pos / Neg / Unk)	Pregnant (Y / N)	Diabetes Mellitus (Y / N / Unk)	COVID-19 (Pos / Neg / Unk)	Bacteriological investigation	
								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
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)

4. Write down a date the patient produced specimen

5. Write date when the test results were received by facility

Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY	REMARKS
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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:	

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8. Write a date for TPT start.

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TUBERCULOSIS IDENTIFICATION REGISTER

District:

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								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					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
														1	1
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														1	1
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TOTALS:									Total number positive:	Total number pregnant:	Total number Diabetic:	Total number positive:			

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Sub District: Facility Name:

TB Investigations												TB Confirmed Clients (DS-TB and DR-TB)			REMARKS	
Bacteriological investigation						Non- Bacteriological Investigations						Date Treatment Started ⁷ DD / MM / YYYY	Died before Treatment Start (Tick)	Loss to follow up (Tick)		TPT Start Date ⁸ (for contacts, PLHIV) DD / MM / YYYY
Xpert (1 st Test)	Smear Microscopy (Pos, Neg, Scanty, not done / no result)	TEST RESULT TURN AROUND TIME ⁶ (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					
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					
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2		2	2													
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2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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:	

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District:

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								If Yes (Code) ³	DS/ DR- TB / unk (Bottom row)					Date Specimen collected ⁴ DD / MM / YYYY	Date test Result received ⁵ DD / MM / YYYY
														1	1
														2	2
														1	1
														2	2
														1	1
														2	2
														1	1
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														1	1
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														1	1
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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:	

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1		1	1													
2		2	2													
1		1	1													
2		2	2													
1		1	1													
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:	

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8. Write a date for TPT start.

Compiled by: Signature: Date: Verified by: Signature: Date:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

SUMMARY FOR TB DETECTION

Year:		Number of clients with TB symptoms			Risk groups with identified TB symptoms					Risk groups Investigated for TB					Number of clients investigated for TB			
		Total	> 5 yrs	≤ 5 yrs	HIV Pos	Diabetic	Pregnant	Contacts	COVID 19	HIV Pos	Diabetic	Pregnant	Contacts	COVID 19	Bacteriological tests		Non Bacteriological tests	
															< 5 yrs	≥ 5 yrs	< 5 yrs	≥ 5 yrs
Quarter 1	January																	
	February																	
	March																	
	Total																	
Quarter 2	April																	
	May																	
	June																	
	Total																	
Quarter 3	July																	
	August																	
	September																	
	Total																	
Quarter 4	October																	
	November																	
	December																	
	Total																	



health

Department:
Health
REPUBLIC OF SOUTH AFRICA