

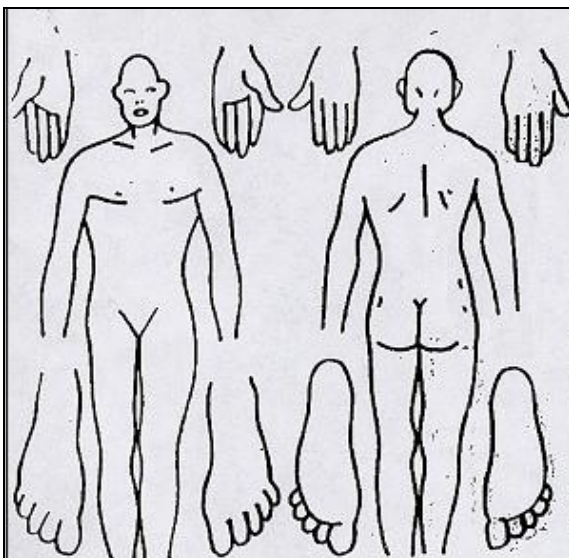
Laboratory Data Entry Form

Date 201.....

Use separate form for each "visit" and each lesion (if multiple lesions) per patient!

A: Patient ID**Hospital****Family name****First name****Village****District****Age**years**Sex** m f**BCG Scar** yes no**B: Classification** **New case** **Recurrence****C: Clinical Presentation****&****Number of lesions** Nodule Papule Plaque Single lesion Ulcer Edema Osteomyelitisor Multiple lesions (.....)**D: Visit (Time of sample collection)** pre-treatment (V1) other: week.....**E: Duration of Disease**

..... day(s) week(s) month(s)

F: Location of the Lesion

Dosage of Rifampicin : mg/d

Dosage of Streptomycin : g/d

Dosage of other (name) :

Treatment Start Date :

(Photographical) documentation:

 no yes, by:

G: Clinical samples

Nodule, Papule, Plaque, Edema

Ø of lesion / mm

Category

MIC (CHR/INH/DITM) + PCR (INH)* - PCR (INH)** - PCR (DITM)***					
FNA* <input type="radio"/>	Punch biopsy** <input type="radio"/>	Tissue surgery** <input type="radio"/>			
FNA*** <input type="radio"/>	Punch biopsy*** <input type="radio"/>	Tissue surgery*** <input type="radio"/>			

Ulcer

Ø of lesion / mm

Category

MIC (CHR/INH/DITM)* - MIC (CHR/INH/DITM) + PCR (INH)** - PCR (INH)*** PCR (DITM)****					
Swab* <input type="radio"/>	FNA** <input type="radio"/>	Punch biopsy*** <input type="radio"/>			
Swab*** <input type="radio"/>	FNA**** <input type="radio"/>	Punch biopsy**** <input type="radio"/>			
Swab**** <input type="radio"/>					

H: Remarks