

TB notification no. (NIKSHAY)	Name (in full)	Age	Sex (M/F/TG)	Complete Address (including district / state)	Pin code	Mobile / Landline Number	Aadhaar No.	Key population*	Type of patient**	Site (P/EP)	Case Definition [£]	Microbiological confirmation test results					Results of Other tests (X-Ray/Histo patho/ FNAC/ Clinical/ /Other, specify)	HIV Status±	Diabetes Status^	Date of sample sent for DST (NO if not sent, NA if not applicable)	Result of DST @	Status of treatment ***	Health facility for treatment (Details)	Date of initiation of treatment
												Date	Lab Name	Lab no.	Test ¥	Results of Test [#]								
																				
																				
																				
																				
																				
																				
																				

***Key population**
1. Contact of TB/DRTB case, 2. Tobacco, 3. Prison inmates, 4. Miner, 5. Migrant, 6. Refugee, 7. Urban slum, 8. Health-care worker, 9. Other (specify)

**** Type of patient (use complete words) →**New, Recurrent, Treatment after Failure, Treatment after Lost to Follow up, Other Previously Treated, Transferred in

£ Case Definition →Microbiologically Confirmed, Clinically Diagnosed

¥ Test →ZN, FM, Culture, CBNAAT

Result of test
For Smear result – Grades for smear positive (Scanty with no. of bacilli, +1, +2, +3), NEG for smear negative
For GX result – MTB detected Rif Resistance, MTB detected Rif sensitive, MTB detected Rif Indeterminate, MTB not detected, Error, Invalid, No result
For Culture result – Grades for culture positive, NEG for culture negative

± HIV Status
HIV status as reported before or during TB treatment R – Reactive, NR – Non-Reactive, U – Unknown.

^Diabetes Status → D=Diabetes, **N=**NonDiabetes, **U** = Unknown

@ Sensitive= if sensitive to tested drugs, Name of drug if resistant to any – R= Rifampicin, H=Isoniazide, E=Ethambutol, Z=Pyrazinamide, Sm=Streptomycin Lx=Levofloxacin, Mx=Moxifloxacin, Km=Kanamycin, Cm=Capreomycin

*****Status of treatment-**

- Initiated on First line treatment in the same Health Facility
- Initiated on treatment outside Health Facility
- Initiated on second line treatment
- Treatment initiated outside RNTCP
- Incomplete/ incorrect address
- Died
- Migrated & untraceable
- Refuse for treatment
- Repeat diagnosis
- Patient already on treatment/ Follow up patient
- Wrong diagnosis
- Referred for treatment with pending feedback
- Other

Revised National Tuberculosis Control Programme – TB Notification Register
Year
PHI
Health Facility ID

Type of regimen (N / PT / Outside RNTCP)	Weight at beginning of treatment	Dosage Frequency (Daily / Intermittent)	Follow-up smear examinations										Treatment Outcome#		If HIV- Reactive		Post treatment follow up																Treatment supporter details		Remarks
			End of IP					End of Treatment Exam									At 6 months Date_____				At 12 months Date_____				At 18 months Date_____				At 24 months Date_____						
			Date	DMC Name	Smear result	Date of sample collected for DST	Result of DST@	Date	DMC Name	Smear results	Date of sample collected for DST	Result of DST@	Outcome	Date	CPT (y/n) date	ART (y/n) date	Symptoms	CXR	Smear	Culture	Symptoms	CXR	Smear	Culture	Symptoms	CXR	Smear	Culture	Symptoms	CXR	Smear	Culture	Name	Designation	

Treatment Outcome –
Cured, Treatment Completed, Died, Lost to follow up, Failure, Not evaluated or Treatment change

± **Additional treatments if patient HIV-Reactive**
Required only for patients known to be HIV Reactive. If provided by any source during TB treatment, enter “Y” and approximate date. If not provided / unknown, enter “N”.

***Symptoms**- Mention predominant system- Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat - N Others-O, No symptoms - NS