

## RNTCP Laboratory Register for culture, CBNAAT and drug susceptibility testing

S No	NIKSHAY ID	Patient's full name (Address/contact details)	Age	Gender (M/F/TG)	Key Population <sup>1</sup>	Name and type (PHI / DMC / TU/ DTC / ICTC / ART / Medical College / DR-TB Centre / Private Others, specify) of referring health facility	Reason for testing				Date			Type (Sputum/other- specify)	Specimen condition # (M/B/S/C)	C&DST Lab Microscopy Result	
							Diagnosis/DST			Follow up		Specimen collection	Specimen sent to lab				Specimen receipt at laboratory
							New/ PT	@	Predominant symptom <sup>2</sup> and duration <sup>3</sup>	PMDT TB No	Month of FU						

@ Presumptive TB – 1; Private referral – 2; Presumptive NTM – 3;

@ Presumptive MDR TB, At diagnosis–4; Contact of MDR/RR TB – 5; Follow up Sm +ve at end IP – 6; private referral – 7; Discordance resolution – 8; Presumptive H mono/poly – 9; MDR/RR TB diagnosis – 10; ≥ 4 months culture positive –11; 3-monthly for persistent culture positives –12; Culture reversion –13; Failure of MDR/RR-TB regimen –14; Recurrent case of second line treatment –15

# M–Mucopurulent; B– Blood stained; S– Saliva; C– Contaminated

<sup>1</sup> 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)

<sup>2</sup> Predominant symptoms: Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat - N Others-O, No symptoms - NS

<sup>3</sup> Duration of predominant symptoms should be recorded in days

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Rapid DST Results						Culture Results		Standard DST Results (R/S)																				Reporting of results							
Test performed (LPA/CBNAAT)	Date of receipt & CDL NIKSHAY ID	Valid* (Y/N)	TB † (Y/N)	RIF ‡ (R / S / I / N A)	INH (inhA) (R/S/NA)	INH (KatG) (R/S/NA)	Type (LJ/LC)	CDL NIKSHAY ID	Results §	Type (LJ/LC)	Date of receipt & CDL NIKSHAY ID	Rifampicin	Isoniazid (0.1)	Isoniazid (0.4)	Streptomycin	Ethambutol	Pyrazinamide	Kanamycin	Capreomycin	Amikacin	Levofloxacin	Moxifloxacin (0.5)	Moxifloxacin (2.0)	Ethionamide	PAS	Linezolid	Clofazimine	Other _____	Other _____	Other _____	Date of reporting culture result	Date of reporting DST result	Remarks		

\* **Valid = Y** if both Amplification Control (AC) band & Conjugate Control (CC) band present; if either are missing, record **N**, and record no additional LPA results for this specimen.

† **TB = Y** if M. tuberculosis (TUB) band on LPA strip confirming identity as M. Tb or MTB Detected in CBNAAT, **N** if no TUB band on LPA strip or MTB Not Detected in CBNAAT

‡ **R** = Resistant, **S** = Sensitive, **I** = Indeterminate, **NA** = no result, judged by no locus control band on LPA strip for *rpo-B* (RIF), or for *inh-A* or *kat-G* (INH) or for *gyr-A* or *gyr-B* for FLQ or *eis* for ETH, or *rrs* for SLI. In case of CBNAAT, specify for NA, i.e. Error, Invalid, No Result

§ **Negative** = no growth, **Conta** = contaminated, **NTM** = Non-Tuberculosis Mycobacteria/fast grower, **3+** = confluent growth, **2+** = >100 colonies, **1+** = 10–100 colonies; **Sc#** Scanty <10 . Positive culture results should only be reported after identity for *M. tuberculosis* is confirmed with PNB, Niacin, Catalase, Rapid Immunoassay, or other methods.