

TB Laboratory Register

Lab. Serial No.	Date of collection of first specimen	Name (in full)	Age	Sex M/F/TG	Complete address (for diagnosis patients) & Phone No.	Key Population ¹	Name and type of referring health facility ²	Reasons for Examination						
								Presumptive TB / RE / Presumptive NTM	Predominant symptom ³ & its duration ⁴	History of >1 month ATT (Yes/No)	Follow-up			
											Nikshay ID	Regimen New (N) / Previously Treated (PT)	Month	Post Treatment follow up month

¹Key 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)

²Name of referring health facility-PHI/DMC/TB/DTC/ICTC/ART/Medical College/DR-TB centre / Private/ Others, specify

³Predominant symptoms: Cough-C, Fever-F, Haemoptysis-H, Weight loss-W, Night Sweat - N Others-O, No symptoms - NS

⁴Duration of predominant symptoms should be recorded in days

Type of specimen	Visual appearance ⁵		Results		Date of Result	HIV status (Reactive/ Non Reactive/ Unknown)	Diabetic status (Diabetic/ Non Diabetic/ Unknown)	Sample for DST sent (Y/N) with date	DST result ⁷ (write the drugs to which resistance is demonstrated)	NIKSHAY ID (notification no.)	Treatment initiation details (TB No. & TU details) / Referral for treatment	Signature	Remarks ⁸
	a ⁶	b ⁶	a ⁶	b ⁶									

⁵Visual appearance- mention M, B, or S., Mucopurulent, Blood stained or Saliva

⁶a- stands for supervised spot sample, b- stands for early morning sample

⁷ 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 (0.5) or (2) =Moxifloxacin, Km=Kanamycin, Cm=Capreomycin, Am=Amikacin, Eto=Ethionamide, Lzd=Linezolid, Cfz=Clofazimine

⁸ Remarks column can include date of starting treatment, treatment regimen, TB no., referral details with date, remarks on un blinded rechecking, etc.