

# Forms



## Category IV Treatment Card

Name: \_\_\_\_\_

Category IV registration number: \_\_\_\_\_

Date of Category IV registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District TB registration number: \_\_\_\_\_

Date of district TB registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Country/District: \_\_\_\_\_

Treatment centre: \_\_\_\_\_

Sex:  M  F

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initial weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_

Site:  Pulmonary  Extrapulmonary  Both

If extrapulmonary, specific site: \_\_\_\_\_

	Registration group	Select one only
1	<b>New</b>	
2	<b>Relapse</b>	
3	<b>After default</b>	
4	<b>After failure of first treatment</b>	
5	<b>After failure of re-treatment</b>	
6	<b>Transfer in</b> (from another Category IV treatment site)	
7	<b>Other</b> (previously treated without known outcome status)	

HIV information	
HIV testing done: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> unknown	
Date of test: ____ / ____ / ____	Results: _____
Started on ART: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: ____ / ____ / ____
Started on CPT: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: ____ / ____ / ____

ART = antiretroviral therapy; CPT = co-trimoxazole preventive therapy

## Review panel meetings: dates and decisions

Date	Decision	Next date

## Previous tuberculosis treatment episodes

No.	Start date (if unknown, put year)	Regimen (write regimen in drug abbreviations)	Outcome

Used second-line drugs previously?  Yes  No

If Yes, specify: \_\_\_\_\_

## Drug abbreviations

## First-line drugs

H = Isoniazid  
R = Rifampicin  
E = Ethambutol  
Z = Pyrazinamide  
S = Streptomycin  
(Th = Thioacetazone)

## Second-line drugs

Am = Amikacin  
Km = Kanamycin  
Cm = Capreomycin  
Cfx = Ciprofloxacin  
Ofx = Ofloxacin  
Lfx = Levofloxacin  
Mfx = Moxifloxacin  
Gfx = Gatifloxacin  
Pto = Protionamide  
Eto = Ethionamide  
Cs = Cycloserine  
PAS = P-aminosalicylic acid









Reasons for entering in Category IV Register	Category IV treatment	Smear (S) and culture (C) results during treatment (if more than one smear or culture done in a month, enter the most recent positive result)																														
		Start of treatment Month 0	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month 7		Month 8		Month 9		Month 10		Month 11		Month 12		Month 13		Month 14			
MDR-TB documented	Regimen (in drug initials) Date started	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	
	Date	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /









**Request for sputum examination (to be completed by treatment centre)**

Treatment unit \_\_\_\_\_ Date \_\_\_\_\_

Patient name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex (mark one)  M  F

Address (in full) \_\_\_\_\_

Reason for examination (mark one):  diagnosis  follow-up examinationTest request (mark any that are needed):  smear  culture  drug-susceptibility testing

Signature of person requesting examination: \_\_\_\_\_

**RESULTS (to be completed in laboratory)****Smear results**

Date collected	Specimen	Laboratory specimen no.	Appearance*	Result (mark one)				
				neg.	1-9	+	++	+++
		1						
		2						
		3						

\*visual appearance of sputum (blood-stained, mucopurulent, saliva)

No. AFB	0
1-9 AFB per 100 HPF	Scanty (and report number of AFB)
10-99 AFB per 100 HPF	+
1-10 AFB per HPF	++
>10 AFB per HPF	+++

Date \_\_\_\_\_

Examined by (signature) \_\_\_\_\_

**Culture results**

Date collected	Specimen	Laboratory specimen no.	Result (mark one)					Contaminated
			neg.	1-9	+	++	+++	
		1						
		2						

No growth reported	0
Fewer than 10 colonies	Report number of colonies
10-100 colonies	+
More than 100 colonies	++
Innumerable or confluent growth	+++

Date \_\_\_\_\_

Examined by (signature) \_\_\_\_\_

**DST results**

Date taken	Laboratory specimen no.	S	H	R	E	Z	Km	Am	Cm	Ofx	Pto/Eto	Other
	1											
	2											

Date \_\_\_\_\_

Examined by (signature) \_\_\_\_\_

R = resistant  
S = susceptible  
C = contaminated

The completed form (with results) should be sent promptly to the treatment unit







Name of district: \_\_\_\_\_  
 District No.: \_\_\_\_\_  
 Name of district coordinator: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Patient registered in the Category IV Register during \_\_\_\_\_ quarter of year \_\_\_\_\_  
 Date of completing this form: \_\_\_\_\_

**Block 1: Patients registered in Category IV and started on Category IV treatment**

Patients	Confirmed MDR-TB	Suspected MDR-TB
Registered in Category IV diagnostic group		
Started on Category IV treatment during the quarter		

**Block 2: Confirmed MDR-TB cases registered during the quarter**

New	Pulmonary			New extrapulmonary	Other*	Total
	Relapse	After default	Previously treated			
			After failure of Category I treatment	After failure of Category II treatment		

\* Other cases include previously treated pulmonary patients without known outcome status, and all previously treated extrapulmonary TB patients.

## Six-month interim outcome assessment

(to be filled out 9 months after treatment initiation)

Name of district: \_\_\_\_\_  
 District No.: \_\_\_\_\_  
 Name of district coordinator: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Patient registered in the Category IV Register  
 during \_\_\_\_\_ quarter of year \_\_\_\_\_  
 Date of completing this form: \_\_\_\_\_

	Number started on treatment	Smear and culture results at 6 months of treatment										No longer on treatment						
		Smear negative		Smear positive			Smear unknown					Died	Defaulted	Transferred out				
		Culture negative	Culture positive	Culture negative	Culture positive	Culture unknown	Culture negative	Culture positive	Culture unknown	Culture negative	Culture positive	Culture unknown						
MDR-TB documented cases																		
Suspected MDR-TB cases																		
TOTAL																		

**Annual report of treatment outcome of Category IV regimens**

(to be filled in 24 and 36 months after the closing date of year of treatment)

Name of district: \_\_\_\_\_  
 District No.: \_\_\_\_\_  
 Name of district coordinator: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Patient registered in the Category IV Register during \_\_\_\_\_ quarter of year \_\_\_\_\_  
 Date of completing this form: \_\_\_\_\_

**BLOCKS 1 AND 2 ARE FOR ALL PATIENTS WHO ENTER CATEGORY IV REGIMENS**

Block 1: Patients by smear and culture result at initiation of Category IV treatment (all patients)

	Cured	Treatment completed	Failed	Defaulted	Died	Transferred out	Still on treatment	Total
S+ C+								
S- C+								
S+ C-								
S- C-								
Unknown								
Total								

S = smear, C = culture

Block 2: Patients by registration category (for all patients entering Category IV)

Registration group	Cured	Treatment completed	Failed	Defaulted	Died	Transferred out	Still on treatment	Total
New								
Relapse								
After default								
Failure after first treatment								
Failure after re-treatment								
New extrapulmonary TB								
Other								
Total								

Year of cohort treatment: \_\_\_\_\_

**BLOCKS 3 AND 4 ARE FOR MDR-TB PATIENTS ONLY**

Block 3: Patients by smear and culture results at initiation of Category IV treatment (for patients with documented MDR-TB)

	Cured	Treatment completed	Failed	Defaulted	Died	Transferred out	Still on treatment	Total
S+ C+								
S- C+								
S+ C-								
S- C-								
Unknown								
Total								

S = smear, C = culture

Block 4: Patients by registration category (for patients with documented MDR-TB)

Registration group	Cured	Treatment completed	Failed	Defaulted	Died	Transferred out	Still on treatment	Total
New								
Relapse								
After default								
Failure after first treatment								
Failure after re-treatment								
New extrapulmonary TB								
Other								
Total								

**Stop TB Department  
World Health Organization  
20 Avenue Appia, 1211–Geneva–27, Switzerland**

**Web site: [www.who.int/tb](http://www.who.int/tb)  
Fax: +41 22 791 4285**

**Information Resource Centre HTM/STB:  
[tbdocs@who.int](mailto:tbdocs@who.int)**

**ISBN 92 4 154695 6**



9 789241 546959