

Revised National Tuberculosis Control Programme – TB Register Quarter_____ Year_____

End of I.P. / Extended I.P.				2 Months in C.P. Exam				End of Treatment Exam				Treatment Outcome#		[If HIV-pos]‡		
Date	DMC Name	Lab No	Smear	Date	DMC Name	Lab No	Smear	Date	DMC Name	Lab No	Smear	Outcome	Date	CPT (y/n)date	ART (y/n)date	Remarks

DOTS SUMMARY	Cured		Comp Tx.		Died		Default		Failed		Transfer Out	
NSP												
NSP [M F]	M	F	M	F	M	F	M	F	M	F	M	F
NSN												
NEP												
New Others												
Relapse												
TAD												
Failure												
Cat II Others												

Treatment Outcome – use complete words

Cured, Completed treatment, Died, Defaulted, Failure, or Transferred out

‡ Additional treatments if patient HIV-positive

Required only for patients known to be HIV-positive. If provided by any source during TB treatment, enter “Y” and approximate date. If not provided/unknown, enter “N”.