

Revised National Tuberculosis Control Programme – TB Register Quarter_____ Year_____

TB No.	Date of Regis- tration	Name (in full)	Sex (M/F)	Age	Complete Address & Telephone Number	Name of PHI	Date of Starting Treatment	Category (I/II/III ND1/ND2)	Class (P/EP)	Type*	Pre-treatment sputum exam				HIV Status [†] (P/N/U)
											Date	DMC Name	Lab No	Smear	

Summary for Case Finding (DOTS Cases Only)								
	NSP	NSN	NEP	New Others	Relapse	Failure	TAD	Cat II Others
0–14 yrs								
≥15 yrs								
Male								
Female								

*** Type of Patient (use complete words)**

New; Relapse; Transferred in; Failure; TAD; Others

† HIV status

HIV status as reported before or during TB treatment.
P–Positive; N–Negative; U–Unknown;