**Bacteriology Results**

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| --- |
| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ |

|  |  |
| --- | --- |
| Type of assessment | ☐ Baseline assessment  ☐ Planned monthly assessment visit: Month \_\_\_ \_\_\_  ☐ Other assessment  ☐ End of treatment assessment  ☐ 6 Month post-treatment assessment |

**SAMPLE COLLECTION**

|  |  |
| --- | --- |
| Sample collection date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Laboratory name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Sample type (check one): | ☐ Sputum  ☐ Lymph node  ☐ Cerebrospinal fluid (CSF)  ☐ Gastric aspirate  ☐ Urine  ☐ Pleural fluid  ☐ Ascites fluid  ☐ Bone biopsy  ☐ Other tissue biopsy  ☐ Bronchial lavage  ☐ Unknown |

**SMEAR MICROSCOPY**

|  |  |
| --- | --- |
| Date smear done: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ or ☐ Not done |
| Smear test lab ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Smear result: | ☐ Positive ☐ Negative ☐ Not read |
| If positive, quantification: | ☐ Scanty 1-3  ☐ Scanty 4-9  ☐ 1+  ☐ 2+  ☐ 3+ or more |

**XPERT MTB/RIF**

|  |  |
| --- | --- |
| Date Xpert MTB/RIF test done: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ or ☐ Not done |
| Xpert MTB/RIF test lab ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *M. tuberculosis* complex: | ☐ Detected  ☐ Not detected  ☐ Invalid  ☐ No result  ☐ Error |
| If *M. tuberculosis* DETECTED, then burden is: | ☐ Very low  ☐ Low  ☐ Medium  ☐ High |
| Rifampicin resistance: | ☐ Detected  ☐ Not detected  ☐ Indeterminate |

**HAIN MTBDRplus**

|  |  |
| --- | --- |
| Date HAIN MTBDRplus test done: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ or ☐ Not done |
| HAIN MTBDRplus test lab ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *M. tuberculosis* complex: | ☐ Detected  ☐ Not detected |
| If *M. tuberculosis* complex DETECTED, complete the following: | |
| HAIN MTBDRplus isoniazid: | ☐ Susceptible  ☐ Resistant  ☐ Indeterminate |
| HAIN MTBDRplus rifampicin: | ☐ Susceptible  ☐ Resistant  ☐ Indeterminate |

**HAIN MTBDRsl**

|  |  |
| --- | --- |
| Date HAIN MTBDRsl test done: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ or ☐ Not done |
| HAIN MTBDRsl test ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *M. tuberculosis* complex: | ☐ Detected  ☐ Not detected |
| If *M. tuberculosis* complex DETECTED, complete the following: | |
| MTBDRsI fluoroquinolone: | ☐ Susceptible  ☐ Resistant  ☐ Indeterminate |
| MTBDRsI injectable: | ☐ Susceptible  ☐ Resistant  ☐ Indeterminate |

**CULTURE**

|  |  |
| --- | --- |
| Date culture was inoculated: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ or ☐ Not done |
| Culture test lab ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of media: | ☐ Lowenstein-Jensen  ☐ MGIT  ☐ Middlebrook 7H11S  ☐ TLA  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Culture results: | ☐ Positive for *M.tuberculosis* complex  ☐ Negative for *M. tuberculosis* complex  ☐ Contaminated  ☐ Only positive for non-tuberculous mycobacteria  ☐ Other |
| If solid media culture is positive for *M. tuberculosis*, mark the colony count: | ☐ <10 colonies  ☐ 1+ (10-100)  ☐ 2+ (>100)  ☐ 3+ (>200)  ☐ Not done |

**DRUG SUSCEPTIBILITY**

|  |  |
| --- | --- |
| Type of media: | ☐ Lowenstein-Jensen  ☐ MGIT 960/320  ☐ Middlebrook 7H11S  ☐ TLA  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Result (mark one) | | |
| Susceptible | Resistant | Indeterminate |
| Isoniazid (0.2 µg/ml) |  |  |  |
| Isoniazid (1.0 µg/ml) |  |  |  |
| Rifampicin |  |  |  |
| Ethambutol |  |  |  |
| Pyrazinamide |  |  |  |
| Streptomycin |  |  |  |
| Kanamycin |  |  |  |
| Capreomycin |  |  |  |
| Ofloxacin |  |  |  |
| Levofloxacin |  |  |  |
| Moxifloxacin (0.5 µg/ml) |  |  |  |
| Moxifloxacin (2.0 µg/ml) |  |  |  |
| Amikacin |  |  |  |
| Ethionamide |  |  |  |
| Cycloserine |  |  |  |
| PAS |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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| --- |
| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |