

RNTCP Request Form for examination of biological specimen for TB

(Required for Diagnosis of TB, Drug Sensitivity Testing and follow up)

Patient Information

Patient name		Age (in yrs): _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG
Patient mobile no. or other contact no.		Specimen date of collection (DD/MM/YY) _____	<input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____
Aadhar no.		HIV Status: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Unknown	
Patient address with landmark		Key populations: <input type="checkbox"/> Contact of known TB Patient <input type="checkbox"/> Diabetes <input type="checkbox"/> Tobacco <input type="checkbox"/> Prison <input type="checkbox"/> Miner <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/> Urban slum <input type="checkbox"/> Health-care worker <input type="checkbox"/> Other(specify) _____	

Name and Type of referring facility (PHI/DMC/TU/ DTC/ICTC/ART/Medical College/DR-TB Centre/Private Others, specify): _____	CDL NIKSHAY ID: __ - __ - __ - <u>C</u> - __ - __ - __ - __
Health Establishment ID (NIKSHAY): ____	RNTCP TB Reg No. _____ Or <input type="checkbox"/> Not Applicable
State: _____ District: _____ Tuberculosis Unit (TU): _____	

Reason for Testing:

Diagnosis and follow up of TB

Diagnosis (NIKSHAY ID _____)	Follow up (Smear and culture)
H/O anti TB Rx for >1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No	RNTCP TB Reg No _____
<input type="checkbox"/> Presumptive TB <input type="checkbox"/> Repeat Exam <input type="checkbox"/> Private referral <input type="checkbox"/> Presumptive NTM	NIKSHAY ID: _____
Predominant symptom _____	Regimen: <input type="checkbox"/> New <input type="checkbox"/> Previously Treated
Duration _____ days	Reason: <input type="checkbox"/> End IP <input type="checkbox"/> End CP
	Post treatment: <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> 18m <input type="checkbox"/> 24m

Diagnosis and follow up Drug-resistant TB

Drug Susceptibility Testing (DST)	Follow up (Culture)
<input type="checkbox"/> New <input type="checkbox"/> Previously treated	PMDT TB No _____
<input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm +ve <input type="checkbox"/> Private referral <input type="checkbox"/> Discordance resolution	DR TB NIKSHAY ID: _____
<input type="checkbox"/> Presumptive H mono/poly	Regimen:
<input type="checkbox"/> MDR/RR TB at Diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3 monthly for persistent culture positives (treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment <input type="checkbox"/> Discordance resolution	<input type="checkbox"/> Regimen for INH mono/poly resistant TB <input type="checkbox"/> Regimen for MDR/RR TB <input type="checkbox"/> Shorter regimen* <input type="checkbox"/> Modified Regimen for MDR/RR-TB + FQ /SLI resistance <input type="checkbox"/> Regimen for XDR TB <input type="checkbox"/> Modified Regimen for mixed pattern resistance <input type="checkbox"/> Regimen with New Drug for MDR-TB Regimen + FQ/SLI resistance <input type="checkbox"/> Regimen with New Drug for XDR-TB <input type="checkbox"/> Regimen with New Drug for failures of regimen for MDR TB <input type="checkbox"/> Regimen with New Drug for failures of regimen for XDR-TB <input type="checkbox"/> Regimen with New Drug for mixed pattern resistance
	Treatment <input type="checkbox"/> Month <input type="checkbox"/> Week : _____

Test requested:

<input type="checkbox"/> Microscopy <input type="checkbox"/> TST <input type="checkbox"/> IGRA <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Cytopathology <input type="checkbox"/> Histopathology <input type="checkbox"/> CBNAAT <input type="checkbox"/> Culture <input type="checkbox"/> DST <input type="checkbox"/> Line Probe Assay <input type="checkbox"/> Gene Sequencing <input type="checkbox"/> Other (Please Specify) _____
Requestor Name, Designation and Signature: _____
Contact Number: _____ Email ID: _____

Results: NIKSHAY ID Generated: _____ CDL NIKSHAY ID: _____

Microscopy (☐ ZN ☐ Florescent)

	Lab Sr. No	Visual appearance	Result				
			Negative	Scanty	1+	2+	3+
Sample A							
Sample B							

Date tested: _____ Date Reported: _____ Reported by: _____
(Name and Signature)

Cartridge Based Nucleic Acid Amplification Test (CBNAAT)

Sample	<input type="checkbox"/> A <input type="checkbox"/> B
M. Tuberculosis	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected <input type="checkbox"/> N/A
Rif Resistance	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected <input type="checkbox"/> Indeterminate <input type="checkbox"/> N/A
Test	<input type="checkbox"/> No Result <input type="checkbox"/> Invalid <input type="checkbox"/> Error – Error Code _____ (Please arrange for fresh sample)
Date tested: _____ Date Reported: _____ Reported by: _____ <div style="text-align: right;">(Name and Signature)</div>	

Culture (☐ LJ ☐ LC)

Lab Sr. No	Negative	Positive	NTM (write species)	Contamination
Date Result: _____ Date Reported: _____ Reported by: _____ <div style="text-align: right;">(Name and Signature)</div>				

Line Probe Assay (LPA)

☐ Direct ☐ Indirect Lab serial _____

First line LPA

RpoB: ---- locus control: ☐ present ☐ absent

WT1: ☐ present ☐ absent **WT2:** ☐ present ☐ absent **WT3:** ☐ present ☐ absent **WT4:** ☐ present ☐ absent

WT5: ☐ present ☐ absent **WT6:** ☐ present ☐ absent **WT7:** ☐ present ☐ absent **WT8:** ☐ present ☐ absent

MUT1 (D516V): ☐ present ☐ absent **MUT2A (H526Y):** ☐ present ☐ absent **MUT2B (H526D):** ☐ present ☐ absent **MUT3 (S531L):** ☐ present ☐ absent

<p>Kat G: ----- locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (315): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (S315T1): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT2 (S315T2): <input type="checkbox"/> present <input type="checkbox"/> absent</p>	<p>Inh A:----- locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (-15, -16): <input type="checkbox"/> present <input type="checkbox"/> absent WT2 (-8): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (C15T): <input type="checkbox"/> present <input type="checkbox"/> absent MUT2 (A16G): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT3A (T8C): <input type="checkbox"/> present <input type="checkbox"/> absent MUT3B (T8A): <input type="checkbox"/> present <input type="checkbox"/> absent</p>
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Second line LPA

<p>gyrA:--</p> <p>locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (85-90): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT2 (89-93): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT3 (92-97): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (A90V): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT2 (S91P): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT3A (D94A): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT3B (D94N/Y): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT3C (D94G): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT3D (D94H): <input type="checkbox"/> present <input type="checkbox"/> absent</p>	<p>gyrB:----</p> <p>locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (536-541): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (N538D): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT2 (E540V): <input type="checkbox"/> present <input type="checkbox"/> absent</p>	<p>rrs:-----</p> <p>locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (1401-02): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT2 (1484): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (A1401G): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT2 (G1484T): <input type="checkbox"/> present <input type="checkbox"/> absent</p>	<p>eis:-----</p> <p>locus control: <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT1 (37): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT2 (14, 12, 10): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>WT3 (2): <input type="checkbox"/> present <input type="checkbox"/> absent</p> <p>MUT1 (C-14T): <input type="checkbox"/> present <input type="checkbox"/> absent</p>
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Final LPA Interpretation: ---

<p>MTB result <input type="checkbox"/> MTB positive <input type="checkbox"/> MTB Negative</p> <p>RIF <input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate</p> <p>Quinolone <input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate</p>	<p>INH <input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate</p> <p>SLID <input type="checkbox"/> Sensitive <input type="checkbox"/> Resistant <input type="checkbox"/> Indeterminate</p>
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Date Result: _____ **Date Reported:** _____ **Reported by:** _____

(Name and Signature)

Drug Susceptibility Test (DST) results

Lab Sr.No	1 st line drugs						SLI			FQ			Other												
	R	H	(inhA)	H	(katG)	S	E	Z	Km	Cm	Am	Lfx	Mfx (0.5)	Mfx (2)	Eto	PAS	Lzd	Cfz	Clr	Azi					

Date Result: _____ **Date Reported:** _____ **Reported by:** _____
R: Resistant; S: Susceptible; C: Contaminated; -- Not done (Name and Signature)

Other tests for TB diagnosis

Test (Please Specify): _____
Result: _____
Date reported: _____ Reported by: _____ <div style="text-align: right;">(Name and Signature)</div>