Annex: 1

National Tuberculosis Control Programme-Bangladesh
Directorate. General of Health Services
Mohakhali, Dhaka
Supervision Check List

Date of Visit:

Name of Centre:

Address: _____

Catchments Population:

Estimated Number of TB patients (All Forms):

Name of Supervisor:

Follow up of previous visit:

Date of last Visit: ……../……../

Problems identified and recommendations of Last visit:

_____

_____

_____

_____

_____

Status of implementation according to recommendations:

_____

_____

_____

Training status of health worker(s), including laboratory technologists, at the time of the visit:

1. Number of health worker(s) directly involved in TB Control Programme

i) Health Center :

II) Peripheral Health Workers :

2. Number of Health Worker (s) present on the day of visit :

3. Interview with health workers/DOTS providers (if available during visit):

- Knowledge of the disease — Satisfactory ❑ — Unsatisfactory ❑
- Do they refer suspects — Yes ❑ — No ❑
- Do they supervise treatment — Yes ❑ — No ❑
- Do they follow-up reaction cases — Yes ❑ — No ❑

4. Interview some patients to check their knowledge and satisfaction of services available (Answered satisfactorily)

- Name of the disease he/she is suffering from? Yes ❑ No ❑
- How can we suspect whether a person has TB or not? Yes ❑ No ❑
- Duration of treatment Yes ❑ No ❑
- Understanding of irregular treatment Yes ❑ No ❑
- Danger of irregular treatment Yes ❑ No ❑
- Availability of free treatment (who and where) Yes ❑ No ❑

5. Availability of NTP manual/Laboratory Manual (Available) Yes ❑ No ❑

6. Documentation:

6.1 Treatment Cards Complete ❑ Incomplete ❑

6.2 Laboratory register (check last quarter)

a. Number of suspect with negative smear ❑
b. Number of suspect with positive smear ❑
c. No. of follow up examination ❑
d. No. suspects with 1 smear examination ❑
e. Number of cases registered in TB register ❑
f. No. of +ve smear among follow-up exam ❑
g. Case/Smear of positivity rate ❑
h. % of suspects with 1 smear examination ❑

6.3 TB register Yes ❑ No ❑

6.4 Patient Statistics (Available)

i. Case registered Yes ❑ No ❑
ii. Sputum conversion Yes ❑ No ❑
iii. Treatment outcome Yes ❑ No ❑

7. Laboratory services:

7.1 Microscope functioning

i. Presence of fungus Yes ❑ No ❑
ii. Preservation of microscope Yes ❑ No ❑
iii. Stock of slides Sufficient ❑ Insufficient ❑
iv. Stock of contains Sufficient ❑ Insufficient ❑
v. Lab regents Sufficient ❑ Insufficient ❑

7.2 Reagents (Carbol fuchsine, methyl blue, HCL etc.) Sufficient ❑ Insufficient ❑ Absent ❑

7.3 Date of last supply:

7.4 Examining slides:

7.4.1 Size of the smear appropriate ❑ inappropriate ❑
7.4.2 Thickness of the smear appropriate ❑ inappropriate ❑
7.4.3 Evenness appropriate ❑ inappropriate ❑
7.4.4 Staining of slides appropriate ❑ inappropriate ❑

7.5 Quality Assurance in place Yes ❑ No ❑

7.6 Regular Collection of slides for EQA Yes ❑ No ❑

7.7 Feedback of EQA available Yes ❑ No ❑

7.8 Action taken Yes ❑ No ❑

7.9 Disposal of lab. Wastage (properly done) Yes ❑ No ❑

8 TB register

8.1 Information of patients Complete ❑ incomplete ❑

8.2 Cross check whether all +ve from lab register are registered Yes ❑ No ❑

9 Patients statistics:

9.1 No. of all cases registered

9.1.1 Case notification rate (all cases)

9.1.2 Case detection rate (all cases): (No. of all cases in last 4 quarter x 100)/No. of expected cases for a year

9.2 No. of new smear +ve cases registered:

9.2.1 Case notification rate NSP: (No. of NSP cases in last 4 quarter x 100000)/Population:

9.3 No. of patients referred by private practitioner: +ve -ve EP

9.4 Check for the correctness of the last quarter report

9.4.1 Sputum conversion Correct ❑ Incorrect ❑

(No. of new smear +ve cases that became negative at the end of the intensive phase/No. of new smear positive cases registered previous quarter)

9.4.2 Treatment success rate: ..... Correct ❑ Incorrect ❑

(No. of new smear positive cured/No. of new smear positive cases registered of 6-9 months ago)

10 Drug Management and other logistics

10.1 Drugs stock

10.1.1 Drugs available for full quarter with reserve stock Sufficient ❑ Insufficient ❑

10.1.2 Anti-TB drugs are stored in cool and dry space and labeled appropriately Yes ❑ No ❑

(a) Cool and dry space Yes ❑ No ❑

(b) Labeled appropriately Yes ❑ No ❑

(c) Temperature chart maintained Yes ❑ No ❑

10.1.3 Bin Card (Available) Yes ❑ No ❑

10.1.4 FEFO principle (Applying) Yes ❑ No ❑

10.1.5 Expiratory statement (Available) Yes ❑ No ❑

10.1.6 Are stock ledger updated with information of all receipt, deliveries and signed by responsible officer? Yes ❑ No ❑ Please specify, if no

....

10.1.7 Are store maintained with exhaust fan/well ventilated? Yes ❑ No ❑ Please specify, if no ……..

10.2 Other logistics

i. Form/cards/register Sufficient ❑ Insufficient ❑

11. ACSM Activities:

i. Presence of Posters/Sticker Yes ❑ No ❑

ii. Display of poster/sticker Yes ❑ No ❑

iii. Presence, distribution and use of educational materials (Leaflet, flip, char, flash, brochure) Yes ❑ No ❑

iv. Signboard with DOTS facilities in front of health center Yes ❑ No ❑

v. Health education on TB by health facility Yes ❑ No ❑

vi. DOTS committee meeting held regularly Yes ❑ No ❑

vii. DOTS committee meeting minutes available Yes ❑ No ❑

12. Infection Control:

12.1 Any designated person/coordinating body to supervise TB infection control in the facility Yes ❑ No ❑ Comment ❑

12.2 How many health care workers have been trained in TB infection control Yes ❑ No ❑ Comment ❑

12.3 Have any ACSM/IEC materials (for example leaflets, stickers, posters on cough etiquette) are in place Yes ❑ No ❑ Comment ❑

12.4 Appropriate ventilation present in facility Yes ❑ No ❑ Comment ❑

12.5 Provision for separation and fast track in place Yes ❑ No ❑ Comment ❑

12.6 Sputum collection, slide processing and disposal are being ensured following guideline Yes ❑ No ❑ Comment ❑

13. TB/HIV

13.1 No. of TB patients screened for HIV in last quarter:

13.2 No. of TB patient found HIV positive in last quarter:

13.3 No. of PLWHIV in last quarter screened for TB in last quarter:

13.4 No. of TB cases diagnosed among total PLWHIV examined in last quarter:

14. DR TB:

14.1 No. of DR TB suspects referred for diagnosis in last quarter

14.2 No. of DR TB patients confirmed among them

14.3 No. of DR TB patients under treatment

14.4 Have health care workers been trained in MDR TB Yes ❑ No ❑

14.5 Documents updated (Register, Treatment card) Yes ❑ No ❑ Not available ❑

14.6 Interview with health workers/DOT providers/Patient (if available during visit): ❑

14.6.1 DOT provider's knowledge of the disease and treatment Satisfactory ❑ Not satisfactory ❑

14.6.2 Patient's knowledge of the disease and treatment Satisfactory ❑ Not satisfactory ❑

16. ETB manager activities in place Yes ❑ No ❑

17. Childhood TB:

17.1 Number of under-5 children eligible for IPT in last quarter Yes ❑ No ❑

17.2 Number of under-5 children registered for IPT in last quarter Yes ❑ No ❑

18. Name and designation of key personnel's present during supervision:

1. .....
2. .....
3. .....

19. Summary of major findings

_____

_____

_____

_____

_____

_____

_____

20. Recommendation/Comments of supervisor

_____

_____

_____

_____

_____

_____

21. Name of Supervisor/s with signature:

1.

2.

3.

4.

How to calculate:

Case notification rate (CNR): Number of cases registered and reported to NTP per one thousand population per year.

CNR= (Number of cases registered in last 4 quarter/Total population) x100,000

Case detection rate (CDR): Number of cases detected expressed as a percentage of cases estimated to occur during a period of one year.

CDR: Number of cases registered in last 4 quarter/No. of estimated cases in last 4 quarter) x100

Treatment success rate: Total number of new smear-positive cases who were declared "cured" or "Treatment Completed" x 100/total number of new smear-positive cases registered in the same period.

Annex: 2

List of 'Priority Districts' for HIV

Sl. No.	Division	District
1	**Barisal**	Barisal
2	**Chattogram**	Chattogram
3		Cox's Bazar
4		Noakhali
5		Comilla
6		Chandpur
7	**Dhaka**	Dhaka
8		Gazipur
9		Kishoreganj
10		Mymensingh
11		Narayanganj
12		Tangail
13	**Khulna**	Khulna
14		Bagerhat
15		Jessore
16		Sathkhira
17	**Rajshahi**	Rajshahi
18		Bogra
19		Chapai
20		Nawabganj
21	**Rangpur**	Dinajpur (Hili)
22	**Sylhet**	Sylhet
23		Moulvibazar
24		Sunamganj

Annex: 3

National Tuberculosis Control Program
Directorate General of Health Services, Bangladesh
Treatment Card (Front Page)

TB-01

Name:
Father's/Husband's name:

TB Registration No: Date:
e-TB manager Registration No:
Name & Address of Health Institution/ DOTS Centre:

Sex M ☐ F ☐ Age: BCG ☐ No scar ☐ Scar seen ☐

Occupation: Phone No:
Address (in full):
Name & Address of Contact Person:
Phone No:
Name & Address of person providing DOT:

	Pulmonary		Extra Pulmonary	
	Bacteriological confirmed	**Clinical Diagnosed**	**Bacteriological confirmed**	**Clinical Diagnosed**
	Smear Positive ☐ Xpert Positive ☐ Culture Positive ☐	Diagnosed By ☐ X-Ray ☐ Others ☐	Smear Positive ☐ Xpert Positive ☐ Culture Positive ☐	Diagnosed By X-Ray ☐ Others ☐

*Referred by	Graduate PP	GFS	VD	Gov. Hospital	TB Patient	CHCP
	Non Graduate PP	NGFS/SS	Private Hospital	Self	Others Specify:	

New ☐ Previously Treated ☐
Treatment History Unknown ☐ Relapse ☐
Transfer In ☐ Failure ☐
Treatment After loss to follow up ☐
Others ☐

History of previous Anti TB Treatment: Yes ☐ No ☐ If yes duration: ☐

H/O Contact:	Yes	☐	No	☐	If Yes specify	TB	☐	DR TB ☐

Month	Date	Result of Sputum Examination				Weight (Kg)
		Smear-1	Smear-2	Lab. No	****Xpert Result	
TB/HIV						
		Date		Result		
HIV Test						
**CP Start Date						
***ART Start Date						

I. Intensive Phase- Prescribing regimen and dosages
Frequency: Daily
Tick category and indicate number of tablets per dose
New Case ☐ Retreatment Case ☐ **Child ☐**

4FDC ☐ 4FDC ☐ Lfx ☐ **3FDC** ☐

H R E Z H R E Z Lfx H R Z E Lfx

**CP=Co-trimoxazole preventive Therapy'; ART=Anti-retro Viral Therapy

Enter √ in the appropriate box to indicate the date when the drugs have been swallowed under direct observation. Enter - swallowed but not supervised. Enter 0 when not taken

Month/Year	Day																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

*PP= Private Practitioner, GFS= Government Field staffs, NGFS= Non Gov. Field staffs, SS=Shastha Shebika, VD=Village Doctor, CV= Community Volunteer, CHCP=Community Health Care Provider
**** X-Pert result
T= MTB detected Rif resistant not detected, RR= MTB detected Rif resistant detected, TI= MTB detected Rif resistant indeterminate; N= MTB not detected' I=Invalid/No result/Error

Signature of Medical Officer

TB-01

Tuberculosis Treatment Card (Back Page)

II. Continuation Phase- Prescribed Regimen and Drug Dosage
Put √ Mark on Appropriate Box

New Case ☐
2FDC ☐

R	H

Retreatment CAT-I ☐
4FDC ☐

R	H	E	Z	Lfx

Child ☐
2FDC ☐

R	H
☐	☐

Enter √ in the appropriate box to indicate the date when the drugs have been swallowed under direct observation. Enter - swallowed but not supervised. Enter **0** when not taken

Month/Year	Day																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Treatment Outcome

Date of Decision .....

- ☐ **Cured**
- ☐ **Treatment Completed**
- ☐ **Died**
- ☐ **Treatment Failure**
- ☐ **Lost to follow-up**
- ☐ **Transferred out**
- ☐ **Not Evaluated**

Signature of Medical Officer

Types of Drugs reaction (if any):

Remarks (if any)

টিবি ০২

জাতীয় যক্ষা নিয়ন্ত্রণ কর্মসূচি

স্বাস্থ্য অধিদপ্তর ঢাকা, বাংলাদেশ

পরিচয়পত্র

রোগীর নাম : _____

পূর্ণ ঠিকানা : _____

(ক) বর্তমান : _____

(খ) স্থায়ী : _____

বয়স: _____

লিঙ্গ: পুরুষ ☐ মহিলা ☐

যক্ষা রেজিষ্ট্রেশন নং : _____

চিকিৎসা শুরুর তারিখ : _____

New ☐ Retreatment ☐ Child ☐

স্বাস্থ্য প্রতিষ্ঠানের নাম : _____

রেফারকৃত ব্যক্তি/ প্রতিষ্ঠানের নাম : _____

প্রতিষ্ঠানের ফোন নং : _____

ডট (DOT) প্রদানকারীর নাম : _____

ফোন নং : _____

ঠিকানা (প্রতিষ্ঠান) : _____

রোগীর শ্রেণি

ফুসফুস ☐ ফুসফুস বর্হিভূত ☐

জীবাণুযুক্ত ☐ স্থান : _____

জীবানুমুক্ত ☐ _____

রোগীর শ্রেণি

নতুন (New) ☐ পুণঃ আক্রান্ত (Retreatment) ☐

অন্য স্থান হতে প্রেরিত (Transfer in) ☐

খেলাপী রোগী (Loss to Follow up) ☐

অন্যান্য (Others) ☐

স্বাস্থ্য কেন্দ্রে উপস্থিতির তারিখ :

টিবি ০২

(১) আপনার কার্ডের যত্ন নিন।
(২) নির্দেশিত সময় পর্যন্ত সঠিক মাত্রার ঔষধ নিয়মিত সেবন করুন।
(৩) অসম্পূর্ণ চিকিৎসা মারাত্মক যক্ষা রোগের সৃষ্টি করে যা সহজে আরোগ্য হয় না।
(৪) যেখানে সেখানে কফ ও থুথু ফেলবেন না।
(৫) হাঁচি বা কাশির সময় নাক-মুখ ঢেকে রাখুন।
(৬) চিকিৎসা সম্পূর্ণ শেষে কার্ডটি যত্ন সহকারে রাখুন।

বিঃ দ্রঃ ঔষধ সংগ্রহের সময় এই কার্ডটি অবশ্যই সঙ্গে আনতে হবে।

চিকিৎসা শেষের ফলাফল : _____

চিকিৎসা শেষের তারিখ : _____

একনাগাড়ে ২ সপ্তাহ বা তার বেশি কাশি যক্ষা রোগের প্রদান লক্ষণ

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Directorate General of Health Services, Bangladesh

Tuberculosis Register

Date of Registration	TB Registration No	<- TBM No.	Name in Full	Sex M/F	Age	Occupation	Name of Treatment Unit	Date of Start of Treatment and Category	Disease Classification P/EP	*Type of patient							Refd By	Remarks
										New (N)	Treatment history Unknown (U)	Transfer Inn (T)	Relapse (R)	Treatment Failure (F)	Treatment After Loss to follow-up (L)	Other (O)		

***Enter the Appropriate Code**

U = Treatment History Unknown: Patient with unknown previous TB treatment history
N = New case: a patient, who has never taken Anti Tuberculosis drugs or has taken drugs for less than a month
R = Relapse: a previously treated patients, who was declared cured or treatment completed but is now diagnosed as TB again
T = Transfer In: a patient, who has been transferred from one reporting unit to another. For transfer in patient name of the center from where patient was transferred out should be written in remarks column
L = Treatment after loss to follow-up: a patient who returns to treatment after having interrupted for 2 consecutive months or more
F = Treatment failure: A TB patient whose sputum smear or culture is positive at month 5 or later during treatment or a new or retreatment smear-positive patient who was diagnosed with DR TB during the course of treatment or A patient who was initially smear-negative and was found smear positive at the end of the second month of treatment
O = Other: A patient whose outcome history of previous treatment is unknown

TB-03

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Directorate General of Health Services, Bangladesh

Tuberculosis Register

Chest X-ray	Histopathology (FNAC/Biopsy)	Sputum Examination: Upper Space Result; Lower Space: lab Serial Number & Date						Treatment Outcome & date						TB/HIV Activities			Remarks
		Pre Treatment			Follow-up Smear			**Outcome						HIV Result	***ART	****CPT	
Result (Suggestive for TB Yes/No)	Result (Yes/No)	Smear 1	Smear 2	*(Xpert MTB/Rif result) if done	2nd Month	5th Month	6th Month	Cured	Treatment Completed	Died	Treatment Failure	Lost to Follow-up	Transferred out/Not Evaluated	Positive/ Negative (P/N) (date)	Y/N (Start Date)	Y/N (Start Date)	

*Xpert MTB/Rif test result reported as follows:

***ART= Anti-retroviral Therapy

****CPT= Cotrimoxazole Preventive Therapy

T = MTB detected, Rif resistant not detected; RR= MTB detected, Rif resistant detected; TI= MTB detected, Rif resistant indeterminate
N = MTB not detected; I= Invalid/no result/Error

**Enter date in the appropriate code

1. Cured: Treatment completed and negative smear results on 2 or more consecutive occasion at 5 months and at the end of treatment
2. Treatment completed: Full course of treatment completed but smear result not available
3. Died: Patient known to have died from any cause during treatment
4. Treatment failure: A patient whose sputum smear or culture is positive at month 5 or later during treatment. Or A new or retreatment smear-positive patient who was diagnosed with DR TB during the course of treatment or A patient who was initially smear-negative and was found smear-positive at the end of second month of treatment
5. Lost to follow-up: A TB patient whose treatment was interrupted 2 consecutive months or more
6. Transferred out/ not evaluated: A patient who has been transferred to another DOTS centre and whose treatment outcome is unknown to the reporting unit. Name of the centre where the patient was transferred out should be written in the remarks column.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Directorate General Health Services, Bangladesh

Tuberculosis Laboratory Register

Lab Serial No.	Date of specimen received	Name in full	Address in full	Occupation	Age	Sex		Name of treatment/ referring facility	Reason for examination		Result of Smear Examination		*** Result of Xpert MTB/ RIF Examination	TB Registration No./e-TBM No.	Referred by**	Signature	Remarks
						M	F		Diagnosis (Tick)	*Follow up	1	2					

*Enter Month of follow-up

**Enter the appropriate code:

GPP = Graduate Private Practitioner, NGPP = Non-graduate Private Practitioner, GFS = Government Field Staff, SS = Shastha Shebika, NGFS = Nongovernment Field Staff, VD = Village Doctor,

CV = Community Volunteer, GH = Government Hospital, PH = Private Hospital, CHCP = Community Health Care Provider, TBP = TB Patient, Self = Self, Other (specify) =

***Xpert MTB/Rif test result reported as follows:

T = MTB detected, Rif resistance not detected; RR = MTB detected, Rif resistance detected; TI = MTB detected, Rif resistance indeterminate; N = MTB not detected; I = invalid/no result/error.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Directorate General of Health Services, Bangladesh
Request Form for AFB Microscopy

(The completed form with results should be sent promptly by the laboratory to the referring facility)

Name and address of Referring facility[1] _____ Date: _____

Name of patient: _____ Age: Sex: M ☐ F ☐

Occupation: _____ Father's/ Husband's name: _____

Full address of patient: _____

Telephone no of patient/ Contact person: _____

OPD Reg. No. (if any); (for presumptive TB case only) _____

Reason for Examination: Diagnosis ☐ Follow-up ☐ if Follow-up, No of Month of Treatment: _____

Disease Classification: Pulmonary ☐ Extra – Pulmonary☐ If EP, Site: _____

Nature of Specimen: Sputum ☐ Urine ☐ Pus ☐ Other ☐ Specify: _____

Specimen identification No. _____ Patient TB registration No. _____

e-TB Manager No.

(for Follow-up patients) _____

Request for Test: Microscopy ☐ GeneXpert ☐

Signature of person requesting Examination: _____

Name and Designation of person requesting examination: _____

[1] ***Including all public and private health facilities/providers***

RESULTS (to be completed in the laboratory)

Lab registration No. _____

Visual appearance of the specimen (if it is sputum): Muco-purulent ☐ Blood-stained ☐ Saliva ☐

Microscopy result: ZN ☐ LED ☐

Date of collection*	Specimen	Result					
		Negative	Scanty1**		1+	2+	3+
			ZN (1-9)	LED (5-29)			

Sputum collected by: _____ Examined by: _____

Signature: _____ Name: _____

Name: _____ Date: _____

Name and address of Laboratory _____

*To be completed by the person collecting the sputum

**Please Mention the number as per type of Microscopy Organization: _____

DR TB 06

Government of the People's Republic of Bangladesh
National TB Control Programme
Programmatic Management of Drug Resistant Tuberculosis (PMDT)
Request and Reporting form for Diagnosis/Follow up of Drug Resistant TB

A. Patient identification (ID):

TB registration No (Current): _____ Previous TB registration No (If any): _____ DR TB registration No: _____
e-TB registration No: _____ Name of patient: _____ Age (yrs): __ Sex: ___ *HIV-status: Pos / Neg / Unknown
Address of patient: _____
Cell Phone #: _____

B. TB Disease Type and Treatment History

Type : A) Pulmonary B) Extra Pulmonary (Specify Site) .....
History:

1) Failures of Category I (remain positive at month 5 or later and smear negative patients who become smear positive at month 2)
2) Non converters of Category I (remain positive at month 2)
3) Failures of Retreatment (remain positive at month 5 or later)
4) Non convertets of Retreatment (remain positive at month 2)
5) Relapses- a) Category I b) Retreatment
6) Treatment after loss to follow up- a) Category I b) Retreatment
7) Close contacts of DR TB patient with symptoms, a) Unknown history ☐ b) New ☐ c) Prev.treated ☐
8) HIV infected person, with TB S/S a) Unknown history ☐b) New ☐c) Prev.treated ☐
9) Others (Specify) i. Pulmonary, clinically diagnosed, a) Unknown history ☐b) New ☐ c) Prev.treated☐
ii) Extra Pulmonary, a) Unknown history ☐ b) New ☐ c) Prev.treated☐
iii) Pulmonary. Bacteriologically Confirmed a) Unknown history ☐ b) New ☐
10) Presumptive Pulmonary Smear Negative TB Cases a) Unknown history ☐b) New ☐ c) Prev.treated
11) Presumptive TB- a) Unknown history ☐ b) New ☐

C. Origin of request

Division name & ID: _____ District name & ID: _____ Local laboratory name & ID: _____
Local laboratory registration/serial number: ____ Date of test: ..../...../..... Smear result: 1st __ 2nd __ specimen
Microscopy technique used: Ziehl-Neelsen (ZN) ☐LED Fluorescence microscopy (FM) ☐

D. Request for test at the reference laboratory: NTRL /RTRL ____ /X-Pert MTB/RIF Site: _____
1) Diagnosis 2) Follow Up: Month of .....
Date specimen(s) collected: ____ / ____ /20 Specimen Identification number (s): _____
Specimen: Sputum ☐ Sputum in preservative, type ☐ specify _____ Other (specify): _____
Requested tests: ☐ microscopy (type: ZN/LED ☐ culture (L-J / MGIT) ☐ Xpert MTB/RIF ☐ DST Conventional ☐ Line Probe Assay (LPA)
Others (Specify) _____
Person requesting examination: Name: _____ Position: _____ Cell Number: _____
Organization: Government/Non-Government (specify): _____ Signature (with official seal) and Date: _____
* Information that can be disclosed optionally

E. Reference laboratory results:

Date of specimen received/Collected in the reference laboratory: NTRL / RTRL ____ / X-Pert MTB/RIF Site: _____
Reference laboratory specimen ID: _____
1. Microscopic examination: Date reported _____

ID#	Neg	Scanty	1+	2+	3+

Previous Report and Date (If any) _____
Ziehl-Neelsen ☐ LED fluorescence ☐ Others (specify)
Direct smear ☐Concentrated smear ☐

2.Gene Xpert (MTB/RIF) result: Date reported _____ Previous Report and Date (If any) _____

ID#	T= MTB detected, Rif resistance not detected	RR=MTB detected, Rif resistance detected	TI=MTB detected, Rif resistance indeterminate	N=MTB not detected	I=invalid/no result/ error

3. Culture result: Method used: Solid (LJ) ☐ Liquid (MGIT) ☐ Date reported _____ previous report and Date (If any) _____

ID#	Contaminated	Neg	Positive	A typical Mycobacteria (species)	Mycobacterium tuberculosis complex			
					<20 =1-19 colonies Actual count	1+=20 — 100 colonies	2+=>100 - 200 colonies	3+=>200 colonies

4. Results of M. tuberculosis drug susceptibility testing: Date reported: _____
Method used: ☐ Proportion method (L-J) ☐ Liquid (MGIT) Line Probe Assay (LPA) ☐ X-Pert MTB/ Rif

ID#	Legend: S = susceptible; R = resistant; C = contaminated; ND = not done								
	INH (H)	Rifampicin (R)	Ethambutol (E)	Streptomycin (S)	Pyrazinamide (Z)	FQ: Ofloxacin/ Levofloxacin	Kanamycin (Km)	Others (specify)	(specify)
Result									

Date: ____ / ____ /20 ____ Name:

Designation:
Cell Number:
Signature with official Seal _____

TB 07

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Directorate General of Health Services, Bangladesh

Tuberculosis Referral/ Transfer Form

(Fill out in triplicate with carbon paper between sheets)

Name of Referring/ Transferring Unit _____

Name of Institution to where patient is referred (If known): _____

Name of Patient: _____ Age _____ Sex _____

Address (in full): _____

_____ Phone No.: _____

TB Registration No.: _____ e -TB Registration No.: _____

Type of Patient:

Bacteriologically Confirmed				Clinically Diagnosed		Type of Treatment:
Pulmonary		EP Site				☐ CAT I
Smear positive	☐	Smear positive	☐	Pulmonary Negative	☐	☐ Retreatment
Xpert positive	☐	Xpert positive	☐	EP	☐	☐ DR TB
Culture positive	☐	Culture positive	☐	Site		☐ Child

Date of treatment started: _____

No. of days for which patient received drugs at last attendance _____

Reasons for referral: _____

Remarks: _____ Signature _____

Name & Designation _____

Organization _____

Date Referred/transferred _____

For use by the institution where the patient is referred to send the outcome report to the institution where patient was initially registered

Name of patient: _____ Age _____ Sex: M ☐ F ☐

TB Registration No.: _____ e -TB Registration No.: _____

TB Registration no (of the organization from where the patient was referred):

Treatment result:

Cured ☐ Date: _____ Treatment completed ☐ Date: _____ Failure ☐ Date: _____

Lost to follow up/ Defaulted ☐ Date: _____ Died ☐ Date: _____

Signature _____

Name & Designation _____

Organization _____

Date Referred/transferred _____

Send this part back to the referring unit as soon as the treatment outcome report is available.

For use by institution where patient has been referred

Name of patient: _____ Age _____ Sex: M ☐ F ☐

TB Registration No.: _____ e -TB Registration No.: _____

Date Referred/ Transferred: _____

Date of Received at this institution on: _____

Signature: _____

Name & Designation: _____

Organization: _____

Name of institution from where patient was referred: _____

District: _____ Date: _____

Send this part back to the Referred Unit as soon as patient has reported and been registered and also send the treatment outcome to the center from where the patient was referred after completion of treatment.

TB-08

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Directorate General of Health Services, Bangladesh
Requisition form for First Line TB Drugs

Year: Quarter:
Name of Health facility:
City/District/Upazila:
Name and Designation of the person filling the form: Contact No. :
Name of the UH&FPO/Centre chief: Contact No. :

Number of the registered case during the previous quarter						
Adults (>15 Years)					Children (<15 Years)	
					Child category-I (Adult formulation) = (c)	Child category-I (Dispersible formulation) = (d)
New /Category-I= (a)	**Retreatment = (b)**					
All New/Cat-I Cases together (P+, P-, EP, Meningitis, Bone & Neurological TB)	P+ve (b1)	P-ve (b2)	EP (b3)	Meningitis, Bone & Neurological TB (b4)		
					<5 Years Child registered for IPT (e)	

Drug requisition estimation:

Drug	[1]Quantity required for one Quarter			[2]Total required Quarterly (+Buffer) (i) = 2X(h)	[3]Existing Balance (j)	Expiry Date	Amount to be Supplied = (i) - (j)	Actual Quantity Requested	Remarks
	Cat-I (f)	Retreatment (g)	Total (h) = (f+g)						
4FDC (R150/H75/Z400/E275)	=(a+c) x 180	= (b1+b2+b3) X540+b4X1080							
3FDC (R150/H75/E275)									
2FDC (R150/H75)	=(a+c) x 360								
3FDC (R75/H50/Z150) (Dispersible)	= d x 180								
2FDC (R75/H50) (Dispersible)	= d x 360								
Pyrazinamide 400 mg									
Pyrazinamide 500 mg									
Isoniazid 100 mg (Dispersible)- for IPT	= e x 360								
Isoniazid 300 mg									
Rifampicin 150 mg									
Rifampicin 450 mg									
Rifampicin 300 mg									
Ethambutol 400 mg									
Ethambutol 100 mg	= (d x 180)/2								
Levofloxacin 250 mg		=(D20+F20)* 270+G20*540							
Levofloxacin 500 mg		= (b1+b3) X540+b4X1080							

[1] Multiply the number of patients (a/b/c/d/e) in each treatment category with the number needed for treatment of one patient
[2] The quantity include buffer stock (100%) for a quarter
[3] Indicate the remaining balance from the drug ledger at the end of the previous quarter

Note:
1) Stock of minimum one patient's medicine for each category should be ensured at all-time even there was no patient during previous quarter
2) Over stock should be avoided by redistribution of medicines to the nearest low stock facilities before preparing request for next quarter, if there is any

Prepared by: _____ Sign by UH&FPO/Centre chief: _____

Checked by: _____ Counter sign by CS/ Controlling Authority: _____

টিবি ০৯

জাতীয় যক্ষ্মা নিয়ন্ত্রণ কর্মসূচি

স্বাস্থ্য অধিদপ্তর ঢাকা, বাংলাদেশ

গর-হাজিরা যক্ষ্মা রোগীর বাড়ি পরিদর্শন ফরম

স্বাস্থ্য কেন্দ্র_____

প্রতি,

.....

স্বাস্থ্য সহকারী/স্বাস্থ্য কর্মী

ওয়ার্ড নং .....

ইউনিয়ন/মহল্লা .....

জনাব/জনাবা .....পিতা/স্বামী .....

বয়স .....টিবি রেজিঃ নং .....ঠিকানা .....

.....

একজন যক্ষ্মা রোগী । তিনি গত .....তারিখ হতে ঔষধ গ্রহণে বিরত থাকায় অতি সত্বর তাহার বাড়ি পরিদর্শন করে সংশ্লিষ্ট মেডিকেল অফিসার –এর নিকট রিপোর্ট প্রদানের জন্য আপনাকে নির্দেশ দেয়া হলো ।

আদেশক্রমে

_____

স্বাস্থ্য কর্মকর্তা

বাড়ি পরিদর্শনের রিপোর্ট

_____

স্বাস্থ্য সহকারী/স্বাস্থ্য কর্মী

NATIONAL TUBERCULOSIS CONTROL PROGRAM

TB 10

Directorate General of Health Services, Bangladesh

Quarterly report on case finding of tuberculosis

Name of District:	**Patients registered during**	**Date of Completion of this Form:**
Name of Upazila/ Centre/ Address:	**quarter** | **Year**	**Name, Designation, Signature & Contact no. of Person completed the Form:**
Name & Signature of UH&FPO/ In-charge of DOTS/ Health Unit:	**Population of the area:**	Write here the Name & Desig. of Person com. the Form
Write here the Name of CS/ In-charge	**Bact. Confirm New Cases:**	Write here Contact no.
	Bact. Confirm CNR:	

Block 1: All TB cases registered (excluding "Transfer in")

Pulmonary																								Extra-Pulmonary										Total (19)		
Bacteriologically Confirmed TB cases												Clinically Diagnosed												Bacteriologically Confirmed / Clinically Diagnosed TB cases												
Treatment History Unknown (1)		New (2)		Previously treated								Treatment History Unknown (7)		New (8)		Previously treated								Treatment History Unknown (13)		New (14)		Previously treated								
				Relapses (3)		Treatment after failure (4)		Treatment after loss to follow up (5)		Others (Treatment Outcome Unknown) (6)						Relapses (9)		Treatment after failure (10)		Treatment after loss to follow up (11)		Others (Treatment Outcome Unknown) (12)						Relapses (15)		Treatment after failure (16)		Treatment after loss to follow up (17)		Others (Treatment Outcome Unknown) (18)				
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Age-groups																																				
0-4																																				
5-14																																				
15-24																																				
25-34																																				
35-44																																				
45-54																																				
55-64																																				
>=65																																				
Total																																				

Comment (if any):

District:

Upazila/ Address & Ward No:

TB 10

Block 2: No. of Patients Referred by*:

PP (graduate)	Non-graduate PP	GFS	SS/ NGFS	VD	CV	Govt. Hospital	Private Hospital	CHCP	TB Patient	Self	Others (specify)	**Total**

Note: Like as treatment card

Block 3: Laboratory Activity - Sputum smear microscopy**

No. of Presumptive TB cases examined for diagnosis by sputum smear microscopy			No. of Presumptive TB cases with positive sputum smear microscopy result		
Male	Female	**Total**	Male	Female	**Total**

Block 4: Laboratory Activity – GeneXpert test**

No. of Presumptive TB cases examined by GeneXpert			No. of Presumptive TB cases with MTB positive and RIF susceptible result		
Male	Female	**Total**	Male	Female	**Total**

** This information to be included in the Lab report form

Block 5: TB/ HIV activities

5 (A) Diagnosed TB cases (with high risk for HIV)	No. of TB patients tested for HIV before or during TB treatment			No. of patients found HIV positive before or during TB treatment		
	Male	Female	**Total**	Male	Female	**Total**
Bacteriologically Confirmed New/ treatment History Unknown Pulmonary TB cases						
Clinically diagnosed New/ treatment History Unknown Pulmonary TB cases						
New/ treatment History Unknown Extra Pulmonary TB cases						
All re-treatment cases						

5 (B) ***PLWHA suspect for TB	No. of PLWHA tested for AFB			No. of AFB positive result among tested PLWHA		
	Male	Female	**Total**	Male	Female	**Total**

Block 6: IPT activities

No. of eligible child			No. of child registered for IPT		
Male	Female	**Total**	Male	Female	**Total**

Age-groups (Registered child)						
<1 year		**1 to <5 years**		**Total**		
Male	Female	Male	Female	Male	Female	**Total**

Block 7: Laboratory Activity- X-Ray test

No. of X-Ray conducted			No. of X-Ray suggestive for TB			No. of X-Ray suggestive presumptive sent for Gene Xpert		
Male	Female	**Total**	Male	Female	**Total**	Male	Female	**Total**

No. of X-Ray suggestive presumptive sent for Gene Xpert found MTB Detected RR not detected			No. of X-Ray suggestive presumptive sent for Gene Xpert found MTB Detected RR detected		
Male	Female	**Total**	Male	Female	**Total**

Comment (if any):

* PP-Private Practitioner, GFS-Govt. Field staff, SS-Shastha Shebika, NGFS-Nongovernment Field Staff, VD-Village Doctor, CV- Community Volunteer, CHCP- Community Health Care Provider

***PLWHA-People living with HIV/AIDS

NATIONAL TUBERCULOSIS CONTROL PROGRAM
Directorate General of Health Services, Bangladesh
Quarterly Report on Treatment Outcome of TB Patients Registered 9-12 months earlier

Name of District:	**Patients registered during** quarter Year	**Date of Completion of this Form:**
Name of Upazila/ Centre/ Address:		**Name, Designation, Signature & Contact no. of Person completed the Form:**
Name & Signature of UH&FPO/ In-charge of DOTS/ Health Unit:	**Treatment Success Rate of new bacteriologically positive cases during above quarter :**	

Block 1: Treatment outcome of all types of TB patients

Total No. of Patients reported during the above quarter			Type of Patients	(1) Successfully Treated (Cured+Treatment Completed) Age Group 0-14		15+		(2) Died		(3) Failure		(4) Lost to follow up		(5) Transferred out		(6) Not Evaluated		(1 to 6) Grand Total		
M	F	T	**1. Pulmonary Bacteriologically Confirmed**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			1.1 New/ Treatment History Unknown																	
			1.2 Relapses																	
			1.3 Treatment after failure																	
			1.4 Treatment after loss to follow up																	
			1.5 Others Previously Treated																	
			1.6 Total																	
M	F	T	**2. Pulmonary Clinically Diagnosed**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			2.1 New/ Treatment History Unknown																	
			2.2 Relapses																	
			2.3 Treatment after failure																	
			2.4 Treatment after loss to follow up																	
			2.5 Others Previously Treated																	
			2.6 Total																	
M	F	T	**3. Extra-Pulmonary Bacteriologically Confirmed/ Clinically Diagnosed**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			3.1 New/ Treatment History Unknown																	
			3.2 Relapses																	
			3.3 Treatment after failure																	
			3.4 Treatment after loss to follow up																	
			3.5 Others Previously Treated																	
			3.6 Total																	

Block 2: Treatment completed status

Total No. of Treatment completed among Pulmonary Bacteriologically Confirmed cases registered during the above quarter	
New	Retreatment

Block 3: TPT outcome

TPT Started during the above quarter		TPT Completed among registered during the above quarter	
M	F	M	F

Comment (if any):

District:
Upazila/ Address & Ward No:

TB 11

Block 3: Treatment outcome of TB patients with known HIV status

Total No. of TB Patients with known HIV status reported during the above quarter			Type of Patients	(1) Successfully Treated (Cured+Treatment Completed)				(2) Died		(3) Failure		(4) Lost to follow up (Defaulted)		(5) Transfered out		(6) Not Evaluated		(1 to 6) Grand Total		
				Age Group																
				0-14		15+														
M	F	T	**1. TB patients tested for HIV**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			1.1 Bacteriologically Confirmed New/ treatment History Unknown Pulmonary TB cases																	
			1.2 Clinically diagnosed New/ treatment History Unknown Pulmonary TB cases																	
			1.3 New/ treatment History Unknown Extra Pulmonary TB cases																	
			1.4 All re-treatment cases																	
			1.5 Total																	

M	F	T	**2. TB patients found HIV positive**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			2.1 Bacteriologically Confirmed New/ treatment History Unknown Pulmonary TB cases																	
			2.2 Clinically diagnosed New/ treatment History Unknown Pulmonary TB cases																	
			2.3 New/ treatment History Unknown Extra Pulmonary TB cases																	
			2.4 All re-treatment cases																	
			2.5 Total																	

TB/HIV activities*

TB/HIV Patient (Total)		No. of patients on CPT		No. of patients on ART	
M	F	M	F	M	F

Comment (if any):

* Includes TB Patients continuing on CPT started before TB diagnosis and those started during TB treatment (till last day of TB treatment)
* Includes TB Patients continuing on ART started before TB diagnosis and those started during TB treatment (till last day of TB treatment)

TB 12

NATIONAL TUBERCULOSIS CONTROL PROGRAM
Directorate General of Health Services, Bangladesh
Quarterly Report on Sputum Conversion at 2 Months of Pulmonary TB patients registered 3-6 months earlier

Name of District:	**Patients registered during**	**Date of Completion of this Form:**
Name of Upazila/ Centre/ Address:	**quarter** **Year**	**Name, Designation, Signature & Contact no. of Person completed the Form:**
Name & Signature of UH&FPO/ In-charge of DOTS/ Health Unit:		

Total No. of Pulmonary Patients reported during the above quarter			Type of Patients	(1) Smear Negative		(2) Smear Positive		(3) Died		(4) Failure		(5) Lost to follow up		(6) Transfered out		(7) Not Evaluated		(1 to 7) Grand Total		
M	F	T	**1. Pulmonary Bacteriologically Confirmed**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			1.1 New/ Treatment History Unknown																	
			1.2 Relapses																	
			1.3 Treatment after failure																	
			1.4 Treatment after loss to follow up																	
			1.5 Others Previously Treated																	
			1.6 Total																	
M	F	T	**2. Pulmonary Clinically Diagnosed**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	**Total**
			2.1 New/ Treatment History Unknown																	
			2.2 Relapses																	
			2.3 Treatment after failure																	
			2.4 Treatment after loss to follow up																	
			2.5 Others Previously Treated																	
			2.6 Total																	

Sputum Conversion Rate

New		**Retreatment**	

Comment (if any):

TB 13

NATIONAL TUBERCULOSIS CONTROL PROGRAM
Directorate General of Health Services, Bangladesh
Laboratory Performance Report

Center: ..... Upazila: ..... District: ..... Division: .....
Name of Lab Technologist: ..... Date of report preparation: .....

Technologist trained by NTP: Yes ☐ (Year) No ☐ No. of Microscope available: No. of Microscope in running condition:

Chest X-ray	
No. of X-ray performed	No. of X-ray suggestive for TB

Quarter/ Year	Diagnosis Examination (Case Finding)					
	Presumptive TB cases Tested (No. of people tested) (a)	AFB positive cases (No. of positive person) (b)	Smears tested (No. of smear tested) (c)	Positive Smears		
				(1+, 2+, 3+) (d)	Scanty (e)	Only One sample tested (f)

Follow-up Examination		
Smears tested (No. of smear tested) (g)	Positive Smears	
	(1+, 2+, 3+) (h)	Scanty (i)

Diagnosis by Xpert MTB/RIF					
Result					
Presumptive TB cases Tested (No. of people tested) (j)	RR-MTB detected, Rif resistant detected (k)	T-MTB detected, Rif resistant not detected (l)	Rif indeterminate (m)	N- MTB not detected (n)	I- Invalid/Error/ NO result (o)

Total number of smears tested (c+g)*	(W)
Total no. of (1+, 2+, 3+) smears (d+h)**	(X)
Total number of scanty smears (e+i)**	(Y)
Total number of negative smears (W-X-Y)**	(Z)
Positive rate among presumptive TB case (%)***	(b)/(a)x100 %
Positivity rate among follow-up (%)***	(h+i)/(g)x100 %

Problem identified and supports required by the Center form NTP/EQA centre:

* This data will used for planning of supplies

** This data will be used for quarterly report re-checking in EQA centre

*** This could be used to monitor program performance

Copy to:
Respective EQA centre

Prepared by:
Lab Technologist

Approved by:
NTRL/RTRL Coordinator/UH&FPO/Jr. Consultant/NGO Clinic Manager

জাতীয় যক্ষ্মা নিয়ন্ত্রণ কর্মসূচি
সম্ভাব্য যক্ষ্মা রোগী প্রেরণের ফরম

সম্ভাব্য রোগীর নামঃ _____

বয়সঃ _____

ঠিকানাঃ _____

_____

প্রেরনকারীর নামঃ _____

পদবীঃ _____

ঠিকানাঃ _____

_____

স্বাক্ষরঃ _____

(একনাগাড়ে ২ সপ্তাহ বা তার বেশি কাশি যক্ষ্মা রোগের প্রধান লক্ষন।)

জাতীয় যক্ষ্মা নিয়ন্ত্রণ কর্মসূচি
সম্ভাব্য যক্ষ্মা রোগী প্রেরণের ফরম

সম্ভাব্য রোগীর নামঃ _____

বয়সঃ _____

ঠিকানাঃ _____

_____

প্রেরনকারীর নামঃ _____

পদবীঃ _____

ঠিকানাঃ _____

_____

স্বাক্ষরঃ _____

(একনাগাড়ে ২ সপ্তাহ বা তার বেশি কাশি যক্ষ্মা রোগের প্রধান লক্ষন।)

National Tuberculosis Control Program
Directorate General of Health Services, Bangladesh
Previous TB Treatment History Form

Preserve this record attached with TB patient treatment card

A. Particulars of the patient

Name ..... Lab Serial. No.....

B. Diagnosis: ☐ Pulmonary ☐ Extra-pulmonary ☐

C. History (related to TB treatment)

Did you take Anti-TB treatment before Yes ☐ No ☐

If Yes,

☐ Private ☐ Government

Do you have ☐ TB prescription ☐ TB Treatment card ☐ TB patient ID card

How many occasion you received TB treatment? .....

Category of TB treatment received

☐ New

☐ Retreatment

☐ DR TB

☐ Others

Did you complete the treatment?

☐ Yes

☐ No

Duration (If No)

< 1 month ☐

>1 month ☐

Do not know ☐

D. Contact history with ☐ TB patient ☐ DR TB patient ☐ No

Signature & date: .....

Name: .....

Designation: .....

Organization: .....

National Tuberculosis Control Program
Directorate General of Health Services, Bangladesh

TB Preventive Therapy (TPT) Register

	<5 years			5-10 years			10-15 years			15 years and above		
Total number of index TB patients registered in the DOT centers												
Total number of household contacts registered under index TB cases	M	F	T	M	F	T	M	F	T	M	F	T
Total number of index TB cases for whom household contact investigation was conducted												
Total number of household contacts registered under index TB cases												
Total number of households screened for TB from household contacts registered under index TB cases												
Total number of household contacts identified as possible TB among those who symptom screened												
Total number of household contacts tested positive for TB from symptom positive household contacts (adults and children)												
Total number of household contacts of index evaluated to ascertain TPT eligibility (Adults and Children)												
Total number of household contacts enrolled for TPT												
Total number of household contacts enrolled and completed TPT												

Date	Name of Eligible Person	Age		Sex	Address	Co-morbidity	TB Registration no. of source cases	Relation with source cases	**TPT Registration no.	TPT Registration date	TPT Regimen			TPT Starting Date	TPT Completion Date	Outcomes	Remarks
		Year	Month								H	3HR	3HP				

***Eligible for TPT:**

1. Household/Close contact with pulmonary bacteriologically confirmed TB patient who has no active TB disease

****TPT Registration number:** This number will be for eligible person for TPT

*****Outcomes:**

1. Preventive treatment completed: Full course of TPT completed (3/6 months)
2. Monitor any adverse effects during the course of TPT

National Tuberculosis Control Program

Directorate General of Health Services, Bangladesh

TB Preventive Therapy (TPT) Register

	<5 years			5-10 years			10-15 years			15 years and above			Total	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Number of eligible for TPT														
Number of register for TPT														
Regimen Started														
H														
3HP														
3HR														
No. of eligible for IPT (PLHIV)														
No. registered for IPT (PLHIV)														
Chest X-ray														
No. of X-ray performed														
No. of X-ray suggestive for TB														