|  |
| --- |
| Site ID: |\_\_\_\_|\_\_\_\_| |
| Name of the investigator completing the form and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date the form is completed: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| PID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| Episode ID |\_\_\_\_|\_\_\_\_| |
| CULTURE FORM |
| Bacteriological testing: Culture |
| Type of culture | [ ]  Liquid media [ ]  Solid media |
| Test requested date for culture | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| On-site sampling for culture | [ ]  Yes [ ]  No |
| On-site testing for culture | [ ]  Yes [ ]  No |
| Specimen collection date for culture | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Specimen collection method for culture | [ ]  Spontaneous (includes stool)[ ]  Induced sputum[ ]  Nasopharyngeal aspirate[ ]  Gastric aspirate[ ]  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specimen type for culture | [ ]  Respiratory[ ]  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Test result date for culture | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| MTB detection result at culture | [ ]  Positive (MTB detected)[ ]  Negative (MTB not detected)[ ]  Non tuberculosis mycobacteria[ ]  Contaminated or invalid result[ ]  Unavailable |
| If MTB is detected and DST were conducted, please complete the questions below: |
| * Rifampicin susceptibility at culture
 | [ ]  Susceptible [ ]  Resistant [ ]  Unavailable |
| * Isoniazid susceptibility at culture
 | [ ]  Susceptible [ ]  Resistant [ ]  Unavailable |
| * Ethambutol susceptibility at culture
 | [ ]  Susceptible [ ]  Resistant [ ]  Unavailable |
| Any other drug susceptibility tested? | [ ]  Yes (please complete below) [ ]  No |
| Name of drug:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Susceptible [ ]  Resistant [ ]  Unavailable[ ]  Susceptible [ ]  Resistant [ ]  Unavailable[ ]  Susceptible [ ]  Resistant [ ]  Unavailable |