|  |  |
| --- | --- |
| 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 |