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| Site ID: |\_\_\_\_|\_\_\_\_| |
| Name of the investigator completing the form and signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date the form is completed: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| PID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| Episode ID |\_\_\_\_|\_\_\_\_| |
| CONSENSUS DEFINITION and END-POINT REVIEW COMMITTEE FORM |

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| Study outcome | |
| 1. Bacteriological confirmation – requires *Mycobacterium tuberculosis* to be confirmed (positive smear microscopy or culture, mWRD, or LF-LAM) from at least 1 appropriate specimen: | Yes  No |
| 2. No bacteriological confirmation but: | |
| a. Symptoms/signs suggestive of TB | Yes  No |
| b. Chest X-ray consistent with TB | Yes  No |
| c. Close TB exposure or immunologic evidence of *Mycobacterium tuberculosis* infection | Yes  No |
| d. Clinical improvement after receiving TB treatment (requires documented positive clinical response on TB treatment – no time duration specified) | Yes  No |
| 3. Bacterial confirmation of TB is not obtained and another diagnosis than TB was made with clinical improvement of the child without TB treatment | Yes  No |

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| Classification | |
| If 1 = Yes | Confirmed TB |
| If 2 = Yes x 2 items among 2a, 2b, 2c and 2d | Unconfirmed TB |
| If 3 = Yes | Unlikely TB |
| If 1 + 2 + 3 = No for all items  Or 1 + 3 = No and 2 = No for 3 items out of 4 | Unclassifiable |
| Additional comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| End-Point Review Committee Outcome review (if any) | |
| Will this episode be referred to the End-Point Review Committee? | Yes  No |
| Referral date | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Endpoint committee decision | TB  Not TB  Unclassifiable |
| Comment from the End-Point Review Committee:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |