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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 itemsOr 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |