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| Name of the investigator completing the form and signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date the form is completed: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Site ID |\_\_\_\_|\_\_\_\_| |
| STUDY SITE FORM |

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| Staff information | |
| How many healthcare staff work regularly at the site? | |
| Paediatrician(s): \_\_\_\_\_\_\_\_\_\_\_\_ | Other doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical officer(s): \_\_\_\_\_\_\_\_\_\_\_\_ | Nurse: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| If Other, please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Site facilities | |
| HIV testing | On-site  Off-site  Not available |
| X-Ray facilities  If X-Ray accessible, type: | On-site  Off-site  Not available  Digital  Analogue |
| Any comments on HIV testing or X-Ray facilities:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Diagnostic tests | | | | | | |
| Xpert Ultra | | | On-site  Off-site  Not available | | | |
| Xpert MTB/RIF | | | On-site  Off-site  Not available | | | |
| TrueNat MTB (RIF Dx) | | | On-site  Off-site  Not available | | | |
| TB-LAMP | | | On-site  Off-site  Not available | | | |
| LF-LAM | | | On-site  Off-site  Not available | | | |
| Liquid media Mycobacterial culture | | | On-site  Off-site  Not available | | | |
| Solid media Mycobacterial culture | | | On-site  Off-site  Not available | | | |
| Any comments on the diagnostic tests:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Historical case notification – Study initiation date: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) | | | | | | |
| Month & Year | 0-4 years | 5-9 years | | 10-14 years | 15-19 years | ≥ 20 years |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  | |  |  |  |
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