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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 facilitiesIf 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|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
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| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
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| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
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| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |