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| Name of the investigator completing the form and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date the form is completed: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Site ID |\_\_\_\_|\_\_\_\_| |
| MONTHLY CASE NOTIFICATIONS FORM |

*This form can be printed multiple times to be completed and sent to the data-manager each month, or this form can be completed every month on one same form.*

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| TB case notifications – Study initiation date: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Monthly TB notifications | 0-4 years | 5-9 years | 10-14 years | 15-19 years | ≥ 20 years |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |
| |\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| |  |  |  |  |  |