Patient's Name _____ _____

Last First M.I. MEDSIS ID

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT): FINAL

Sputum Culture Conversion

Was sputum culture conversion documented? ☐ Yes ☐ No ☐ Unknown

If Yes, Conversion Date
Month Day Year
_____ / _____ / _____

If No, why? (*select one*)
- ☐ No follow-up sputum **despite** induction
- ☐ No follow-up sputum **and no** induction
- ☐ Died
- ☐ Patient lost to follow-up
- ☐ Patient refused
- ☐ Unknown
- ☐ Other *(specify)* _____

Moved During Treatment

Did the patient move during treatment? ☐ Yes ☐ No

If Yes, where?
(*if more than one state/country, list in order)*

1 ☐ Out of state ☐ Out of US *(specify)* _____
2 ☐ Out of state ☐ Out of US *(specify)* _____
3 ☐ Out of state ☐ Out of US *(specify)* _____
4 ☐ Out of state ☐ Out of US *(specify)* _____

If patient moved outside the US, was a transnational referral completed? ☐ Yes ☐ No

Therapy Reporting

Therapy Stop Date Month Day Year
_____ / _____ / _____

Reason Therapy Stopped / Never Started
(*select one*)
- ☐ Completed Treatment
- ☐ Died
- ☐ Dying (treatment stopped due to imminent death)
- ☐ Patient Choice (uncooperative or refused)
- ☐ Lost to Care
- ☐ Adverse Treatment Event
- ☐ Unknown
- ☐ Other *(specify)* _____

Treatment Administrative Type
(*select all that apply)*
- ☐ DOT (Directly observed therapy, in person)
- ☐ eDOT (Electronic DOT)
- ☐ SAT (Self Administered)

Reason Therapy Extended >12-mo
(if therapy longer than 12-mo, *select all that apply)*
- ☐ Inability to Use Rifampin (Resistance, Intolerance, etc.)
- ☐ Clinically Indicated for Other Reasons
- ☐ Adverse Drug Reaction
- ☐ Nonadherence
- ☐ Failure
- ☐ Unknown
- ☐ Other *(specify)* _____

Final Status

Did the patient die? ☐ Yes ☐ No ☐ Unknown
(either before diagnosis or at any time while being followed by TB program)

If Yes, Date of Death
Month Day Year
_____ / _____ / _____

If Yes, Did TB or Complications of TB Treatment Contribute to Death?
☐ Yes ☐ No ☐ Unknown

Multi-Drug Resistance (MDR)

Was the patient treated as an MDR TB Case ? ☐ Yes ☐ No ☐ Unknown
(Regardless of DST Results)

If **Yes**, complete the following **RVCT: MDR SECTION**

If **No**, review and submit completed **RVCT: Final**

Comments:

ADHS

Patient's Name _____ _____

Last First M.I. MEDSIS ID

RVCT: MDR SECTION

Only complete **RVCT: MDR SECTION**, if patient treated as an MDR TB Case (Regardless of DST Results)

MDR

Prior to current diagnosis, was the patient treated with any second-line medications (exclude LTBI Tx)**?** ☐ Yes ☐ No ☐ Unknown

Date MDR treatment started for current disease episode Month ___ Day ___ Year ___

MDR Drug Regimen

Drugs ever used for MDR TB treatment, from date MDR treatment started (select one option for each drug)

	Not Taken	<1 Month	>=1 Month
Isoniazid	☐	☐	☐
Rifampin	☐	☐	☐
Pyrazinamide	☐	☐	☐
Ethambutol	☐	☐	☐
Amikacin	☐	☐	☐
PAS	☐	☐	☐
Bedaquiline	☐	☐	☐
Capreomycin	☐	☐	☐
Ciprofloxacin	☐	☐	☐
Clofazimine	☐	☐	☐
Cycloserine	☐	☐	☐
Delamanid	☐	☐	☐

	Not Taken	<1 Month	>=1 Month
Ethionamide	☐	☐	☐
Kanamycin	☐	☐	☐
Levofloxacin	☐	☐	☐
Linezolid	☐	☐	☐
Moxifloxacin	☐	☐	☐
Ofloxacin	☐	☐	☐
Other Quinolones	☐	☐	☐
Pretomanid	☐	☐	☐
Rifabutin	☐	☐	☐
Rifapentine	☐	☐	☐
Streptomycin	☐	☐	☐
Other	☐	☐	☐

specify _____

If injectable medication(s) used, Date injectable medication was stopped Month ___ Day ___ Year ___

Did the patient have surgery to treat their TB disease? ☐ Yes ☐ No ☐ Unknown

If Yes, Surgery Date Month ___ Day ___ Year ___

Adverse Events

Please select whether the patient experienced each Adverse Event (select one option for Adverse Event) If Adverse Event Yes, then When?

	Was Adverse Event Experienced?			If Yes, When?		
	Yes	No	Unknown	During	At End of Treatment	Both
Cardiac Abnormalities	☐	☐	☐	☐	☐	☐
Liver Toxicity	☐	☐	☐	☐	☐	☐
Peripheral Neuropathy	☐	☐	☐	☐	☐	☐
Renal Dysfunction	☐	☐	☐	☐	☐	☐
Vision Change/Loss	☐	☐	☐	☐	☐	☐
Hearing Loss	☐	☐	☐	☐	☐	☐
Tinnitus	☐	☐	☐	☐	☐	☐
Vestibular Dysfunction	☐	☐	☐	☐	☐	☐
Arthralgia	☐	☐	☐	☐	☐	☐
Myalgia	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐
Suicide Attempt or Ideation	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If Yes, When? →

specify _____

End of RVCT: MDR SECTION