

Annexure-I

NIKSHAY ID: _____

Required for Culture and DST Laboratory to conduct testing; please send copy to District TB Officer and DRTB centre

Receiving Date		Reporting Date		IRL Lab No.	
RNTCP request for Culture and Drug Sensitivity Testing			Annexure I	Nikshay ID	
Patient Information			Molecular TB/DST result		
Patient Name :			Test	<input type="checkbox"/> Line Probe Assay (LPA) <input type="checkbox"/> CBNAAT	
Patient Address with landmark			Test Validity	<input type="checkbox"/> Valid	<input type="checkbox"/> Invalid
Patient Mob. No. or other contact No.			<i>M. tuberculosis</i>	<input type="checkbox"/> Detected	<input type="checkbox"/> NOT Detected
Age in Years =	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Rifampicin:	<input type="checkbox"/> Resistant	<input type="checkbox"/> Sensitive <input type="checkbox"/> Not Available
Sputum-date of collection (DD/MM/YYYY)	Sample 1-		Isoniazid	<input type="checkbox"/> Resistant	<input type="checkbox"/> Sensitive <input type="checkbox"/> Not Available
	Sample 2-		Notes		
Name Referring Facility			Date Tested :		Reported by: Dr. S.L.Verma Microbiologist
(PHI/DMC/DR-TB Center / other):			L J/ Liquid Culture results		
District			Date received	Specimen	Specimen No.
Tuberculosis Unit (TU)				A	
Reason for Testing				B	
<input type="checkbox"/> DIAGNOSIS			Notes:		
<input type="checkbox"/> FOLLOW-UP			Result Date:	Reported by: Signature Dr.	
MDR Suspect Criteria			Name of Microbiologist: Dr.		
1	Failure		L J/ Liquid Culture DST results: (Note: 'S' if susceptible , 'R' if resistant)		
2	Re-treatment case S+ at 4th month		Date DST Initiated	IRL No.	S
3	<input type="checkbox"/> Contact of known MDR TB case+				H
4	<input type="checkbox"/> S+ at diagnosis, re-treatment case				R
5	<input type="checkbox"/> Any follow up S+				E
6	<input type="checkbox"/> S- at diagnosis, re-treatment case				Z
7	<input type="checkbox"/> HIV-TB case				K
8	Others (EPTB, PVT, HIV + & PAEDIATRIC)				Of
	RNTCP TB Reg No.				x
	Type <input type="checkbox"/> Not Applicable)				E
					T
					O
					Other