## REPORT OF VERIFIED CASE OF TUBERCULOSIS

### 17. Sputum Smear (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB108</td>
<td>TB221</td>
</tr>
<tr>
<td>Negative</td>
<td>TB109</td>
<td>TB223</td>
</tr>
</tbody>
</table>

### 18. Sputum Culture (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB109</td>
<td>TB223</td>
</tr>
<tr>
<td>Negative</td>
<td>TB108</td>
<td>TB225</td>
</tr>
</tbody>
</table>

### 19. Smear/Pathology/Cytology of Tissue and Other Body Fluids (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB110</td>
<td>TB227</td>
</tr>
<tr>
<td>Negative</td>
<td>TB113</td>
<td>TB228</td>
</tr>
</tbody>
</table>

### 20. Culture of Tissue and Other Body Fluids (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB113</td>
<td>TB231</td>
</tr>
<tr>
<td>Negative</td>
<td>TB114</td>
<td>TB233</td>
</tr>
</tbody>
</table>

### 21. Nucleic Acid Amplification Test Result (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB235</td>
<td>TB236</td>
</tr>
<tr>
<td>Negative</td>
<td>TB238</td>
<td>TB240</td>
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</tbody>
</table>

### Initial Chest Radiograph and Other Chest Imaging Study

#### 22A. Initial Chest Radiograph (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>TB116</td>
<td>TB243</td>
</tr>
<tr>
<td>Abnormal</td>
<td>TB244</td>
<td>TB245</td>
</tr>
</tbody>
</table>

#### 22B. Initial Chest CT Scan or Other Chest Imaging Study (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Date Result Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>TB245</td>
<td>TB246</td>
</tr>
<tr>
<td>Abnormal</td>
<td>TB247</td>
<td>TB248</td>
</tr>
</tbody>
</table>

### 23. Tuberculin (Mantoux) Skin Test at Diagnosis (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Tuberculin Skin Test (TST) Placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB119</td>
</tr>
<tr>
<td>Negative</td>
<td>TB118</td>
</tr>
</tbody>
</table>

### 24. Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis (select one)

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date Collected</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>TB250</td>
<td>TB251</td>
</tr>
<tr>
<td>Negative</td>
<td>TB251</td>
<td>TB253</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>TB250</td>
<td>TB251</td>
</tr>
</tbody>
</table>

### 25. Primary Reason Evaluated for TB Disease (select one)

<table>
<thead>
<tr>
<th>Reason Evaluated</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB</td>
<td>TB254</td>
</tr>
<tr>
<td>Abnormal Radiograph</td>
<td>TB248</td>
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<tr>
<td>Contact Investigation</td>
<td>TB248</td>
</tr>
<tr>
<td>Targeted Testing</td>
<td>TB248</td>
</tr>
<tr>
<td>Health Care Worker</td>
<td>TB248</td>
</tr>
<tr>
<td>Employment/Administrative Testing</td>
<td>TB248</td>
</tr>
<tr>
<td>Immigration Medical Exam</td>
<td>TB248</td>
</tr>
<tr>
<td>Incidental Lab Result</td>
<td>TB248</td>
</tr>
</tbody>
</table>

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## REPORT OF VERIFIED CASE OF TUBERCULOSIS

### 26. HIV Status at Time of Diagnosis (select one)
- [ ] Negative
- [ ] Positive
- [ ] Not Offered
- [ ] Test Done, Results Unknown
- [ ] Unknown

*If POSITIVE, enter:
- [ ] State HIV/AIDS Patient Number:
- [ ] City/County HIV/AIDS Patient Number:

### 27. Homeless Within Past Year (select one)
- [ ] Unknown

### 28. Resident of Correctional Facility at Time of Diagnosis (select one)
- [ ] No
- [ ] Unknown
- [ ] Federal Prison
- [ ] State Prison
- [ ] Juvenile Correction Facility
- [ ] Other Correctional Facility
- [ ] Unknown

*If YES, (select one):
- [ ] Under custody of Immigration and Customs Enforcement?

### 29. Resident of Long-Term Care Facility at Time of Diagnosis (select one)
- [ ] No
- [ ] Unknown
- [ ] Nursing Home
- [ ] Residential Facility
- [ ] Hospital-Based Facility
- [ ] Mental Health Residential Facility
- [ ] Alcohol or Drug Treatment Facility
- [ ] Other Long-Term Care Facility
- [ ] Unknown

*If YES, (select one):

### 30. Primary Occupation Within the Past Year (select one)
- [ ] Health Care Worker
- [ ] Migrant/Seasonal Worker
- [ ] Retired
- [ ] Not Seeking Employment (e.g. student, homemaker, disabled person)
- [ ] Correctional Facility Employee
- [ ] Unemployed
- [ ] Other Occupation
- [ ] Unknown

### 31. Injecting Drug Use Within Past Year (select one)
- [ ] Unknown

### 32. Non-Injecting Drug Use Within Past Year (select one)
- [ ] Unknown

### 33. Excess Alcohol Use Within Past Year (select one)
- [ ] Unknown

### 34. Additional TB Risk Factors (select all that apply)
- [ ] Contact of MDR-TB Patient (2 years or less)
- [ ] Contact of Infectious TB Patient (2 years or less)
- [ ] Antagonist Therapy
- [ ] None
- [ ] Post-organ Transplantation
- [ ] Immunosuppression (not HIV/AIDS)

### 35. Immigration Status at First Entry to the U.S. (select one)
- [ ] Not Applicable
- [ ] "U.S.-born" (or born abroad to a parent who was a U.S. citizen)
- [ ] Born in 1 of the U.S. Territories, U.S. Island Areas, or U.S. Outlying Areas
- [ ] Employment Visa
- [ ] Family/Fiancé Visa
- [ ] Other Immigration Status
- [ ] Refugee
- [ ] Unknown

### 36. Date Therapy Started
- [ ] TB122
- [ ] TB125
- [ ] TB126
- [ ] TB128
- [ ] TB127
- [ ] TB129
- [ ] TB130
- [ ] TB131
- [ ] TB148
- [ ] TB149
- [ ] TB150
- [ ] TB147
- [ ] TB257
- [ ] TB259

### 37. Initial Drug Regimen (select one option for each drug)
- Isoniazid
- Rifampin
- Pyrazinamide
- Ethambutol
- Streptomycin
- Rifabutin
- Rifapentine
- Ethionamide
- Amikacin
- Kanamycin
- Capreomycin
- Ciprofloxacin
- Levofloxacin
- Ofloxacin
- Moxifloxacin
- Cycloserine
- Para-Amino Salicylic Acid
- Other
- Asylee or Parolee
- Tourist Visa
- Family/Fiancé Visa
- Other Immigration Status
- Refugee
- Unknown

*Comments:
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________

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1st Copy
Initial Drug Susceptibility Report

38. Genotyping Accession Number
Isolate submitted for genotyping (select one): ☐ No ☐ Yes
If YES, genotyping accession number for episode:

39. Initial Drug Susceptibility Testing
Was drug susceptibility testing done? (select one) ☐ No
If NO or UNKNOWN, do not complete the rest of Follow Up Report –1
If YES, enter date FIRST isolate collected for which drug susceptibility testing was done:

40. Initial Drug Susceptibility Results (select one option for each drug)

Resistant ☐ Susceptible ☐ Not Done ☐ Unknown ☐

Isoniazid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Streptomycin ☐ Rifabutin ☐ Rifapentine ☐ Ethionamide ☐ Amikacin ☐ Kanamycin ☐

Capreomycin ☐ Ciprofloxacin ☐ Levofoxacin ☐ Ofloxacin ☐ Moxifloxacin ☐ Other Quinolones ☐ Cycloserine ☐ Para-Amino Salicylic Acid ☐ Other ☐ Specified ☐

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0026). Do not send the completed form to this address.

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### REPORT OF VERIFIED CASE OF TUBERCULOSIS

**Case Completion Report**

<table>
<thead>
<tr>
<th>Year Counted</th>
<th>State Case Number</th>
<th>INV173</th>
<th>INV172</th>
</tr>
</thead>
</table>

Submit this report for all cases in which the patient was alive at diagnosis.

#### 41. Sputum Culture Conversion Documented (select one)

- [ ] No
- [ ] TB173

If YES, enter date specimen collected for FIRST consistently negative sputum culture:

- [ ] Month
- [ ] Day
- [ ] Year

If NO, enter reason for not documenting sputum culture conversion (select one):

- [ ] No Follow-up Sputum Des.
- [ ] TB277
- [ ] Patient Refused
- [ ] TB278
- [ ] Other Specify
- [ ] TB279

#### 42. Moved

Did the patient move during TB therapy? (select one)

- [ ] Yes
- [ ] TB175

If YES, moved to where (select all that apply):

- [ ] In state, out of jurisdiction (enter city/county) Specify
- [ ] Out of state Specify
- [ ] Out of the U.S. (enter country) Specify

If moved out of the U.S., transnational referral? (select one)

- [ ] Died
- [ ] TB280
- [ ] Patient Lost to Follow-Up
- [ ] TB281
- [ ] Other

#### 43. Date Therapy Stopped

- [ ] Month
- [ ] Day
- [ ] Year

#### 44. Reason Therapy Stopped or Never Started (select one)

- [ ] Not TB
- [ ] TB177

If DIED, indicate cause of death (select one):

- [ ] TB290
- [ ] Adverse Treatment Event Related to TB disease
- [ ] Other

#### 45. Reason Therapy Extended >12 months (select all that apply)

- [ ] Rifampin Resistance
- [ ] TB291
- [ ] Adverse Drug Reaction
- [ ] Failure

- [ ] Non-adherence
- [ ] TB292
- [ ] Clinically Indicated – other reasons
- [ ] Other Specify

#### 46. Type of Outpatient Health Care Provider (select all that apply)

- [ ] Local/State Health Department
- [ ] TB178
- [ ] IHS, Tribal HD, or Tribal Corporation
- [ ] Unknown

- [ ] Inpatient Care Only
- [ ] Institutional/Correctional

- [ ] Other

**Comments:**

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____________________________________________________________________________________________________________________________________________________________
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____________________________________________________________________________________________________________________________________________________________

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REPORT OF VERIFIED CASE OF TUBERCULOSIS

Follow Up Report -2 / Page 1 of 2
### Case Completion Report - Continued

#### 47. Directly Observed Therapy (DOT) (select one)
- [ ] No, Totally Self-Administered
- [ ] Yes, Directly Observed
- [ ] Yes, Directly Observed and Self-Administered
- [ ] Unknown

Number of weeks of directly observed therapy (DOT) **TB181**

#### 48. Final Drug Susceptibility Testing

- Was follow-up drug susceptibility testing done? (select one)
  - [ ] No
  - [ ] Yes
  - [ ] Unknown

If NO or UNKNOWN, do not complete the rest of Follow Up Report –2

If YES, enter date FINAL isolate collected for which drug susceptibility testing was done:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter specimen type:
- [ ] Sputum
- [ ] Other

If not Sputum, enter anatomic code (see list):

#### 49. Final Drug Susceptibility Results (select one option for each drug)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Resistant</th>
<th>Susceptible</th>
<th>Not Done</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoniazid</td>
<td><strong>TB184</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampin</td>
<td><strong>TB185</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyrazinamide</td>
<td><strong>TB186</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethambutol</td>
<td><strong>TB187</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streptomycin</td>
<td><strong>TB188</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifabutin</td>
<td><strong>TB195</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifapentine</td>
<td><strong>TB295</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethionamide</td>
<td><strong>TB189</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amikacin</td>
<td><strong>TB194</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kanamycin</td>
<td><strong>TB190</strong></td>
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</tr>
<tr>
<td>Capreomycin</td>
<td><strong>TB192</strong></td>
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<tr>
<td>Ciprofloxacin</td>
<td><strong>TB196</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Levofloxacin</td>
<td><strong>TB296</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ofloxacin</td>
<td><strong>TB197</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moxifloxacin</td>
<td><strong>TB297</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Quinolones</td>
<td><strong>TB298</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycloserine</td>
<td><strong>TB191</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Para-Amino Salicylic Acid</td>
<td><strong>TB193</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td><strong>TB198</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td><strong>TB299</strong></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td><strong>TB300</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td><strong>TB301</strong></td>
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</tbody>
</table>

#### Comments:

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____________________________________________________________________________________________________________________________________________________________
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