

RNTCP Request Card for examination of biological specimen for TB

(Required for Diagnosis of TB, Drug Sensitivity Testing and follow up)

Patient Information			
Patient name		Age (in yrs): _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG
Patient mobile no. or other contact no.		Specimen Date of collection (DD/MM/YY) _____	<input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____
		HIV Status: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Unknown	

Name referring facility (PHI/DMC /DR-TB Centre /Laboratory/other): ID (NIKSHAY): _____	CDL NIKSHAY ID: ___-___-___-C-___-___ RNTCP TB Reg No. _____
State: _____ District: _____ Tuberculosis Unit (TU): _____	

Reason for Testing:

Diagnosis and follow up of TB	
Diagnosis (NIKSHAY ID _____)	Follow up (Smear and culture)
H/O anti TB Rx for >1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No	RNTCP TB Reg No _____ NIKSHAY ID: _____
Predominant symptom _____ Duration _____ days	

Diagnosis and follow up Drug-resistant TB	
Drug Susceptibility Testing (DST)	Follow up (Culture)
<input type="checkbox"/> New <input type="checkbox"/> Previously treated	PMDT TB No _____ ID: _____
Presumptive <input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm+ve <input type="checkbox"/> Private referral <input type="checkbox"/> Discordance resolution	Regimen: <input type="checkbox"/> Regimen for INH mono/poly resistant TB <input type="checkbox"/> Regimen for MDR/RR TB <input type="checkbox"/> Modified Regimen for MDR/RR-TB + FQ/SLI resistance <input type="checkbox"/> Regimen for XDR TB <input type="checkbox"/> Modified Regimen for mixed pattern resistance <input type="checkbox"/> Regimen with Bedaquiline for MDR-TB Regimen + FQ/SLI resistance <input type="checkbox"/> Regimen with Bedaquiline for XDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for MDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for XDR-TB <input type="checkbox"/> Other
<input type="checkbox"/> Presumptive H mono/poly	Treatment <input type="checkbox"/> month <input type="checkbox"/> Week : _____

Test requested:

Microscopy TST IGRA Chest X-ray Cytopathology Histopathology CBNAAT Culture DST
 Line Probe Assay Gene Sequencing Other (Please Specify) _____

Requestor Name, Designation and Signature: _____
Contact Number: _____ Email ID: _____

Results: CDL NIKSHAY ID Generated: ___-___-___-C-___-___

Microscopy (<input type="checkbox"/> ZN <input type="checkbox"/> Florescent)						
Sample	Lab Sr. No	Visual appearance	Result			
			Negative	Scanty	1+	2+
A						
B						

Date tested: _____ Date Reported: _____ Reported by: _____ and Signature)

Cartridge Based Nucleic Acid Amplification Test (CBNAAT)			
Sample	<input type="checkbox"/> A <input type="checkbox"/> B		
M. Tuberculosis	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected <input type="checkbox"/> N/A		
Rif Resistance	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected <input type="checkbox"/> Indeterminate <input type="checkbox"/> N/A		
Test	<input type="checkbox"/> Error (Please arrange for fresh sample)		
Date tested:	Date Reported:	Reported by: _____ (Name and Signature)	
Culture (<input type="checkbox"/> LJ <input type="checkbox"/> LC)			
Lab Sr. No	Results		
	Negative	Positive	NTM (write species) Contamination
Date Result:	Date Reported:	Reported by: _____ (Name and Signature)	

Line Probe Assay (LPA)	
<input type="checkbox"/> Direct <input type="checkbox"/> Indirect Lab serial _____	
First line LPA	
RpoB: --- locus control: present absent	
WT1: present absent WT2: present absent WT3: present absent WT4: present absent	
WT5: present absent WT6: present absent WT7: present absent WT8: present absent	
MUT1 (D516V): present absent MUT2A (H526Y): present absent MUT2B (H526D): present absent MUT3 (S531L): present absent	
KatG: ---- locus control: present absent	
WT1 (315): present absent	
MUT1 (S315T1): present absent	
MUT2 (S315T2): present absent	
InhA: ---- locus control: present absent	
WT1 (-15, -16): present absent WT2 (-8): present absent	
MUT1 (C15T): present absent MUT2 (A16G): present absent	
MUT3A (T8C): present absent MUT3B (T8A): present absent	
Second line LPA	
gyrA: ----	gyrB: ----
locus control: present absent	locus control: present absent
WT1 (85-90): present absent	WT1 (536-541): present absent
WT2 (89-93): present absent	WT2 (1401-02): present absent
WT3 (92-97): present absent	WT2 (1484): present absent
MUT1 (A90V): present absent	MUT1 (A1401G): present absent
MUT2 (S91P): present absent	MUT2 (G1484T): present absent
MUT3A (D94A): present absent	
MUT3B (D94N/Y): present absent	
MUT3C (D94G): present absent	
MUT3D (D94H): present absent	
rrs: ----	eis: ----
locus control: present absent	locus control: present absent
WT1 (37): present absent	WT1 (14, 12, 10): present absent
WT2 (14, 12, 10): present absent	WT3 (2): present absent
MUT1 (C-14T): present absent	
Final LPA Interpretation: ---	
MTB result MTB positive MTB Negative	
RIF Sensitive Resistant Indeterminate INH Sensitive Resistant Indeterminate	
Quinolone Sensitive Resistant Indeterminate SLID Sensitive Resistant Indeterminate	
Date Result:	Date Reported: _____ Reported by: _____ (Name and Signature)

		(DST) results																	
Lab Sr. No	1 st line drugs										Other								
	S	H1	H2	R	E	Z	Km	Cm	Am	Lfx	Mfx (0.5)	Mfx (2)	PAS	Lzd	Cfz	Eto	Cla	Azi	
Date Result:	Date Reported:	Reported by: _____ (Name and Signature)																	
R: Resistant; S: Susceptible; C: Contaminated; -- Not done																			

Other tests for TB diagnosis	
Test(Please Specify):	_____
Result:	_____
Date reported:	_____
Reported by: _____ (Name and Signature)	