

**TB COHORT PRESENTATION FORM**

**1. Patient details**

ETS Number «Id»	Age «Age»	Sex «Sex»	Ethnic Group «EthnicGroup»
Country of Birth «BirthCountry»	Entered UK (year) «UKEntryYear»		
Language barrier/interpreter	Patient Occupation «Occupation»		

**2. TB referral**

Date of symptom onset «SymptomOnset»	Date 1 <sup>st</sup> presented to any HCP «DatePresented»	Date referred
Date 1 <sup>st</sup> seen by TB service	Date of diagnosis «DateOfDiagnosis»	Date started treatment «StartOfTreatment»
Referred to TB service by <a href="#">Select response</a>		If <16, seen by paediatrician? <input type="checkbox"/>
Inpatient department: <a href="#">Click here to enter details.</a> Referred by another service: <a href="#">Click here to enter details.</a>		

**3. Clinical details**

Site of disease «SitePulmonary» «SiteNonPulmonary»	
Chest X-ray at diagnosis: <a href="#">Select response</a>	Chest CT at Diagnosis <a href="#">Click here to enter details</a>
Initial sputum smear status : <a href="#">Select response</a>	Type of sputum: <a href="#">Select response</a>
Culture at any site <a href="#">Select response</a>	Antibiotic resistance <a href="#">Select response</a>
HIV test offered during this episode of illness «HIVTesting»	Year of test

**4. Compliance – a) Adults**

Standardized Risk Assessment completed <input type="checkbox"/>	Needs Enhanced Case Management <input type="checkbox"/>	
Homeless «Homeless»	Problem drug use «DrugUse»	Problem alcohol use «AlcoholUse»
MDR <input type="checkbox"/>	Imprisonment «Prison»	Mental Health <input type="checkbox"/>
Previous TB (ETS no) «PreviouslyDiagnosed»	Non-adherence <input type="checkbox"/>	Dual Diagnosis (e.g. TB/HIV or TB/Cancer...) <input type="checkbox"/>
Other (specify)		

**b) Children (<16 years old)**

Standardized Risk Assessment completed on child and main carer <input type="checkbox"/>	Child Protection issues <input type="checkbox"/>
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**5. Directly Observed Therapy (DOT) *as at time of cohort review***

Required <input type="checkbox"/>	Offered <input type="checkbox"/>	Accepted <input type="checkbox"/>	From start of treatment? <input type="checkbox"/>	Otherwise, DOT started on
No. of weeks on DOT	% doses observed	% doses self-administered	% doses missed	
For ECM cases if no DOT, reason why				
Other treatment options used	Weekly supervised <input type="checkbox"/>	Urine test <input type="checkbox"/>	Other (specify)	
	Tablet count <input type="checkbox"/>	Self-administered <input type="checkbox"/>		

«TreatmentHPU» «Hospital» «CaseManager» «Id»

Pre-completed fields were taken from ETS. Any errors MUST be corrected in ETS so that reports are accurate

6. Treatment outcome *as at time of cohort review.* **Ensure Reasons for not completing treatment filled in and if patient died.**

Treatment outcome <a href="#">Select response</a>		Outcome reported on ETS: «TOMCompleteCourse»
Still on TB medications	Treatment likely to take <a href="#">Select response</a> (total treatment time) Number of weeks treatment completed so far	
Reasons for not completing treatment	Patient died before or during treatment <input type="checkbox"/> Reported on post mortem «PostMortemDiagnosis»	Relationship with TB «TOMDeathRelationship» Date of Death «TOMDeathDate»«TOMDeathDate24mth»
	Treatment stopped <input type="checkbox"/>	Compliance issues <input type="checkbox"/>
	Lost to follow-up <input type="checkbox"/>	If lost to follow-up, give actions taken: <a href="#">Click here to enter details</a>
	Refused treatment <input type="checkbox"/>	Other reason

7. Household & close contact screening *(not taken from ETS)*

Please complete ALL boxes and **check totals!**

Household & close contacts only Other screening to go on incident form	Contacts screened in clinic		Contacts referred elsewhere		Total contacts
	Adult	Child	Adult	Child	
Identified	0	0	0	0	0
Assessed	0	0	0	0	0
No. with Active disease <i>state ETS No</i>	0	0	0	0	0
No. with LTBI	0	0	0	0	0
No. Started LTBI treatment	0	0	0	0	0
No. Completed LTBI treatment	0	0	0	0	0
Discontinued LTBI treatment due to:	Adverse effects	0	0	0	0
	Death	0	0	0	0
	Moved	0	0	0	0
	Refused	0	0	0	0

If any contact was a previous TB case (adequately treated), record ETS numbers: [Click here to enter details](#)

8. Incidents and Clusters

HPU incident declared <input type="checkbox"/>	HPZone number	Cohort incident form completed <input type="checkbox"/>
Case part of a cluster <input type="checkbox"/>	Cluster ID	

Notes from ETS: «Comments»

«TOMComment»

«TOMComment24mth»

Additional notes:

[Click here to enter details](#)