

REPUBLIC OF KENYA

Specimen



MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

Presumptive DS TB/ DR TB Register

NAME OF FACILITY:..... NAME OF DEPARTMENT:

*The contents of this register are strictly confidential
Disclosure of information in this register to a third party is punishable by law*



September 2020
MOH/REG/DNTLDP/02

KEY

Acronym	Explanation
AO	CXR findings suggestive of abnormalities other than TB (Abnormal Other)
CCC	Comprehensive Care Clinic/Centre
CHV	Community Health Volunteer
DR TB	Drug Resistant Tuberculosis
DS TB	Drug Sensitive (susceptible) TB
F	Female
M	Male
Mo	Months
N	Normal CXR
ND	Not Done
Neg	Negative
PLHIV	People Living with HIV
Pos	Positive
SG	Abnormal CXR Suggestive of TB
TB	Tuberculosis
Yrs	Years

INSTRUCTIONS

Column Label	Column ID	Description
Serial Number	(a)	This is a number given by the health facility and shows the chronological order in which patients are started on treatment. It is a cumulative number that starts at the beginning of every year.
Patient Department No. e.g. Patient CCC or OPD Number	(b)	This is a number given to a client on arrival at the service delivery points e.g. CCC, OPD.
Date	(c)	This is the date on which the presumed TB/DR-TB case was registered at the facility; DD/MM/YYYY
Full Name (3)	(d)	This is the patient's name according to the identification documents (Three names - First/Middle/Last)
Sex	(e)	Indicate sex by use of M for Male and F for Female. If other specify.
Age	(f)	Enter Age in completed years and months. For children under one year, indicate in months only
Nationality/ National ID number/NEMIS	(g)	This is the current citizenship of the patient. Fill in the National ID number/NEMIS
Physical address & Phone Number	(h)	This is the landmark nearest to where the client resides. It could be a school, mosque, church, market. Include the client's cell phone number.
Referred by CHV (Yes/No)	(i)	Indicate if the client has been referred by a community health volunteer (CHV)
HIV Results (Pos/Neg/ND) and Date of test	(j)	Indicate the client's HIV status and the date when the test was done
Date sputum collected at the facility	(k)	Indicate the date when sputum was collected from the client
Investigation Results and Date of Results	(l,m,n)	Indicate the results of lab investigations done (Xpert, Sputum Microscopy, Culture)
Xray Results and Date of Results	(o)	Indicate the results of X-ray (Normal (N), Abnormal Suggestive of TB (SG), Abnormal Other (AO), Not Not Done (ND))
Outcome of Investigation	(p)	This shows whether a client is a confirmed TB, DR-TB or has no TB
Started anti-TB Treatment (Y/N)	(q)	Indicate if the confirmed TB/DR-TB case has been started on treatment
TPT started (Y/N)	(r)	Indicate if an eligible TPT client has been initiated on TPT

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	R
Serial No	Patient department No. e.g. Patient CCC or OPD No.	Date	Full Names (First/Middle/Last)	Sex (M/F/Others)	Age in Yr/Month	Nationality and National ID/NEMIS No.	Physical Address and Phone number	Referred by (PS /SR /CI / CP / CHV / ISP)	HIV test results (Pos/Neg/ Not Done) and Date of test	Date Sputum collected	Investigation Results and Date of results				Outcome of Investigation (DSTB, DRTB or No TB)	Started anti-TB treatment (Yes/No)	TPT started (Yes/No)	Remarks
											GeneXpert (MTB +, RR MTB+, RS MTB -, Trace, ND)/ Culture	Sputum Microscopy (Pos/Neg/ND)	TB LAM (Pos/Neg/ND)	Xray (N/ SG/ AO/ ND)				

Page summary

Number of presumptive TB cases identified -----

Number of presumptive TB cases investigated for TB -----

Number of presumptive TB cases diagnosed with TB -----

Number of diagnosed TB cases initiated on treatment -----

Key

Gene Xpert test results	
MTB + RR	Mycobacterium Tuberculosis positive, Rifampicin Resistant
MTB + RS	Mycobacterium Tuberculosis positive, Rifampicin Sensitive
MTB -Ve	Mycobacterium Tuberculosis Negative
Trace	Minimal traces of Mycobacterium Tuberculosis seen
ND	Not done

Patient referred by	
Private Sector	PS
Self referral	SR
Contact Invitation	CI
Chemist/Pharmacy	CP
Community Health Volunteer	CHV
Informal Service Provider	ISP

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National Tuberculosis, Leprosy and Lung Disease Program

1st Floor, Afya Annex, Kenyatta National Hospital Grounds

P. O. Box 20781 – 00202 Nairobi

Email: info@nltp.co.ke | www.nltp.co.ke