

Specimen

REPUBLIC OF KENYA



MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

TB4 Register

NAME OF FACILITY: _____

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/DTLDP/01

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TB4 Register



September 2020
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INSTRUCTIONS

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No	Variable	Description	No	Variable	Description
A	Serial number	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	U	Date treatment started/Regimen	Indicate the date (dd/mm/yyyy) that the patient started TB treatment and the regimen the patient is on. Use the available key to indicate the patient's regimen
B	Date of Registration	This is the date on which the sub county registration number was issued (dd/mm/yyyy). This is issued by the sub county TB coordinator	V	Initial phase	Indicate the actual date patient picked their drugs during the intensive phase
C	Sub County Registration Number	This is a unique identifier issued to the patient at registration. It is generated by the electronic data system (TIBU) and is then entered into the facility register by Sub County TB coordinator.	W	Continuation phase	Indicate the actual date patient picked drugs during the continuation phase. Align it to the respective year and month.
D	Name	This is the patient's name. There must be 3 names.	X	HIV test	Indicate the patient's HIV testing status. For those tested indicate the test results and the actual date the test was done. For those with known positive test results, there must be documentary evidence. Use the key provided.
E	Sex	Indicate whether Male, Female or Others	Y	Partner tested for HIV	Indicate the patient's sexual partner's HIV testing status. For those tested indicate the test results and the actual date the test was done. For those with known positive test results, there must be documentary evidence. Use the key provided.
F	Age	Age in completed years. For children under one year indicate in months only.	Z	Referred by	Indicate the source of the TB patient or where the TB patient was referred from. Use the key provided
G	Nationality	This is the current citizenship of the patient	AA	Referred to	Indicate other services to which the patient has been referred as deemed necessary. The patient can be referred to more than one service. Use the key provided.
H	National ID No/NEMIS	Indicate the Patient's national identification number for adults or NEMIS for children	AB	CPT column	For HIV positive patients indicate whether the patient has been initiated on Co-trimoxazole or Dapsone for prophylaxis. Include the date the patient was started on CPT or Dapsone.
I	Weight at start of TB treatment	This is the patient's weight in kilograms at the initiation of treatment	AC	ART regimen:	For HIV positive patients indicate whether the patient has been initiated on ART. Include the date the patient was started on ART and the regimen patient is on. Use standard codes for ART regimen.
J	Height in cm/Length in cm	Record height in centimeters for patients above 2 years and length in centimeters for children under 2 years	AD	Nutrition Support	Indicate the kind of nutrition intervention(s) the patient is on. Use the key provided.
K	BMI/BMI for age/Z-score	Calculate and indicate the patient's nutrition status. The formulae for calculating are provided at the bottom of the TB register. a. BMI: Indicate for patients aged above 18 years b. BMI for age: Indicate for patients aged 5-18 years using a reference chart that uses weight, height and age c. Z-score: Indicate for children aged 0-59 months and is a 50th percentile with a reference chart	AE	Weight at end of treatment	This is the patient's weight in kilograms at the end of treatment. This is taken during the patient's last drug collection.
L	Physical address:	This is the landmark nearest to where the patient resides. It could be a school, mosque, church, market. Include the patient's cell phone number and that of the treatment supporter.	AF	D.C at end of treatment	At the end of treatment, indicate whether the patient was on Differentiated Care (DC)
M	DOT by	Indicate the patient's DOT supervisor by type. Use the key provided at the bottom of the TB register.	AG	Date and outcome of treatment	Indicate the outcome of treatment using the key provided. Include the date when the outcome was declared
N	Type of TB	Indicate whether PTB or EPTB	AH	Comobidities/Risk Factors	Indicate the comobidities or risk factors as per the provided options. If other forms of cancers apart from Lung cancer is reported, indicate under "others"
O	Type of Patient	Refer to the key at the bottom of the register. For transfer in patients, they should use reference number from the referring facility	AI	Remarks	Make any important comments regarding the patient's treatment. Also indicate here for patients started on 2nd line.
P	Culture/DST	Indicate if culture done and the pattern of resistance using the options given. Indicate the date the sample was collected and when the results were received (dd/mm/yyyy). If patient not eligible for culture, indicate N/A.	Definition of Indicators		
Q	X-ray	Indicate "N" for "Normal", "SG", for Abnormal Suggestive of TB, "AO" for Abnormal Others or ND if not done.	<i>Treatment success (Cured + TC)</i>		
R	TB LAM	Indicate results either Pos, Neg or ND and date of test	<i>BMI = Weight (Kgs)/(Height (M) X Height (M))</i>		
S	Other tests:	Indicate any other tests done for diagnosis other than sputum, culture, x-ray and gene Xpert	<i>Partners tested for HIV (Y/N) = Regular sexual partner(s) of an HIV positive TB case</i>		
T	Molecular/Microbiological tests	This column is for AFB microscopy. Include the lab serial number, the date sample was taken and the actual test results. Indicate the quantification results			

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National Tuberculosis, Leprosy and Lung Disease Program

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