

**Maryland Center for TB Control & Prevention
Cohort Review Presentation Form**

1. Pt. Info	<ul style="list-style-type: none"> • State case number _____ Patient initials _____ • Date case reported to LHD _____ • ____ year-old male/female born in _____ (country) Class B? Y / N Date entered U.S. _____ • HIV: + / - / Refused / Unknown / Not offered On antiretroviral drugs? Y / N • Other health problems _____ 																																										
2. TB Info	<ul style="list-style-type: none"> • _____ (date) patient presented with symptoms of [cough, hemoptysis, night sweats, fever, weight loss, chest pain, enlarged lymph node, other _____] • TST ____ mm, read on _____ (date) IGRA __positive __negative __borderline/indeterminate _____Date _____ • Sputum smear results: + / - _____ Date collected _____ • Sputum Culture: + / - / not done Date collected _____ • Culture - other site: + / - / not done Date collected _____ Site _____ • Pansusceptible? Y / N, resistant to _____ • CXR: Normal / Abnormal Cavitary? Y / N • Extrapulmonary TB site _____ • Culture conversion? Y / N Date: _____ Conversion date within 60 days from treatment start? Y / N 																																										
3. TB Treatment	<ul style="list-style-type: none"> • Therapy start date _____ Therapy stop date _____ Completed therapy? Y / N • Currently taking TB medications? Y / N Has completed _____ weeks of treatment • Likely to complete by _____ (date) Standard drug regimen? Y / N • If non-standard drug regimen, list drugs and reasons why under #4 below. • Treatment extended? Y / N Why _____ • Other disposition: __Refused __Lost __Died __Moved __Reported at death • DOT: ____Total DOT ____ Both DOT/SAT ____Total SAT ____Unknown • ____ weeks DOT ____weeks SAT Explain if not total DOT _____ 																																										
4. Challenges																																											
5. Contact Investigation	<p># Household ____ Worksite name _____ # ____ School name _____ # ____</p> <p>Other location _____ # ____ Source case investigation? Y / N</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;"># High/Med Risk</th> <th style="width:10%;"># Low Risk</th> <th style="width:10%;"></th> <th style="width:10%;"># High/Med Risk</th> <th style="width:10%;"># Low Risk</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>Identified</td> <td></td> <td></td> <td>Started TLTI</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Evaluated</td> <td></td> <td></td> <td>Completed TLTI</td> </tr> <tr> <td></td> <td></td> <td></td> <td>LTBI</td> <td></td> <td></td> <td>Currently on TLTI</td> </tr> <tr> <td></td> <td></td> <td></td> <td>TB disease (include ages)</td> <td></td> <td></td> <td>Discontinued TLTI (adverse reaction / died / moved / refused / lost to follow-up)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Appropriate for TLTI</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		# High/Med Risk	# Low Risk		# High/Med Risk	# Low Risk					Identified			Started TLTI				Evaluated			Completed TLTI				LTBI			Currently on TLTI				TB disease (include ages)			Discontinued TLTI (adverse reaction / died / moved / refused / lost to follow-up)				Appropriate for TLTI			
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