

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Quarterly Report on New and Retreatment Cases of Tuberculosis

Patients registered during ____ quarter of 200__.	Name of area _____. No. # _____
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Name of Reporter : _____ Signature : _____

Date of completion of this form

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Block 1: All new and retreatment patients registered in the quarter

	New cases				Retreatment Cases				Total
	New Smear Positive pulmonary TB	New Smear Negative pulmonary TB	New extra-pulmonary TB	Others	Relapses	Failures	Treatment After Default	Others	
0-14 yrs									
≥ 15 yrs									
Total									
Male									
Female									
Total									

Block 2 : New Smear Positive Pulmonary TB cases only: from column above

Age	0-14	15-24	25-34	35-44	45-54	55-64	≥ 65	Total
Male								
Female								
Total								

Notes : Quarterly : 1st quarter January, February, March
2nd quarter April, May, June
3rd quarter July, August, September
4th quarter October, November, December
Number Identification number of the area.

Block 3: TB/HIV Collaboration

Of all Registered TB cases no. known to be tested for HIV before or during the TB treatment (a)	Of (a), No. known to be HIV infected (b)