

REPORT OF VERIFIED CASE OF TUBERCULOSIS

17. Sputum Smear (select one)
 Positive Not Done
 Negative Unknown

Date Collected: _____
 Month Day Year
 [][] [][] [][][][]

18. Sputum Culture (select one)
 Positive Not Done
 Negative Unknown

Date Collected: _____ Date Result Reported: _____
 Month Day Year Month Day Year
 [][] [][] [][][][] [][] [][] [][][][]

Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other

19. Smear/Pathology/Cytology of Tissue and Other Body Fluids (select one)
 Positive Not Done
 Negative Unknown

Date Collected: _____ TYPE: _____ Enter anatomic code (see list): _____
 Month Day Year Year [][] Type of exam (select all that apply):
 [][] [][] [][][][] Smear Pathology/Cytology

20. Culture of Tissue and Other Body Fluids (select one)
 Positive Not Done
 Negative Unknown

Date Collected: _____ TYPE: _____ Enter anatomic code (see list): _____ Date Result Reported: _____
 Month Day Year Year [][] [][] [][] [][][][] Month Day Year
 [][] [][] [][][][] [][] [][] [][][][]

Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other

21. Nucleic Acid Amplification Test Result (select one)
 Positive Not Done
 Negative Unknown
 Indeterminate

Date Collected: _____ Date Result Reported: _____
 Month Day Year Month Day Year
 [][] [][] [][][][] [][] [][] [][][][]

Enter specimen type: Sputum OR If not Sputum, enter anatomic code (see list): [][] Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other

Initial Chest Radiograph and Other Chest Imaging Study **Abnormal* (NOT consistent with TB)**

22A. Initial Chest Radiograph (select one) Normal Abnormal* (consistent with TB) Not Done Unknown
 * For ABNORMAL Initial Chest Radiograph: Evidence of a cavity (select one): Yes No Unknown
 Evidence of miliary TB (select one): Yes No Unknown

DATE: _____

22B. Initial Chest CT Scan or Other Chest Imaging Study (select one) Normal Abnormal* (consistent with TB) Not Done Unknown
 * For ABNORMAL Initial Chest Radiograph: Evidence of a cavity (select one): Yes No Unknown
 Evidence of miliary TB (select one): Yes No Unknown

DATE: _____ **Abnormal* (NOT consistent with TB)**

23. Tuberculin (Mantoux) Skin Test at Diagnosis (select one)
 Positive Not Done
 Negative Unknown

Date Tuberculin Skin Test (TST) Placed: _____ Millimeters (mm) of induration: _____
 Month Day Year [][] [][]
 [][] [][] [][][][] [][]

24. Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis (select one)
 Positive Not Done
 Negative Unknown
 Indeterminate

Date Collected: _____
 Month Day Year
 [][] [][] [][][][]

Test type: _____
 Specify _____

25. Primary Reason Evaluated for TB Disease (select one)

- TB Symptoms
- Abnormal Chest Radiograph (consistent with TB)
- Contact Investigation
- Targeted Testing
- Health Care Worker
- Employment/Administrative Testing
- Immigration Medical Exam
- Incidental Lab Result
- Unknown

