

**Virginia Department of Health**  
**TB Case Completion /Discontinue Medicine Report**  
**Fax to TB Control Program**  
**804-371-0248**

Date form completed: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
PHN \_\_\_\_\_ (phone number \_\_\_\_\_)

**Date Therapy Stopped:** \_\_\_\_\_

**Reason Therapy Stopped**

- Completed therapy
- Lost
- Uncooperative or refused
- Adverse treatment event
- Not TB
- Died
- Other\_ (specify \_\_\_\_\_)

**If died, indicate cause of death (select one) Date of Death:** \_\_\_\_\_

- Related to TB disease
- Related to TB therapy
- Unrelated to TB disease
- Unknown

**Reason therapy extended beyond 12 months (select all that apply)**

- Rifampin resistant
- Adverse drug reaction
- Non-adherence
- Treatment failure
- Clinically indicated- other reasons
- Other (specify) \_\_\_\_\_

**Dose counts (complete for ENTIRE treatment regimen whether provided in VA or not) Complete only those sections appropriate for each client based on drug order for treatment regimen. Non-DOT counted doses should be extremely rare. Facility doses should only be counted if facility documentation provided. Detail any non-DOT counted doses or facility counted doses in the space below.**

# DOT doses at 7 days per week regimen = \_\_\_\_\_ ÷ 7 = \_\_\_\_\_ weeks therapy  
# DOT doses at 5 days per week regimen = \_\_\_\_\_ ÷ 5 = \_\_\_\_\_ weeks therapy  
# DOT doses at 3 days per week regimen = \_\_\_\_\_ ÷ 3 = \_\_\_\_\_ weeks therapy  
# DOT doses at 2 days per week regimen = \_\_\_\_\_ ÷ 2 = \_\_\_\_\_ weeks therapy  
# DOT doses at 1 day per week regimen = \_\_\_\_\_ ÷ 1 = \_\_\_\_\_ weeks therapy

Add all the weeks of therapy above to calculate  
**TOTAL WEEKS OF THERAPY = \_\_\_\_\_**