

**Complete All Fields****Client Cohort Review Form**

Cohort Review Session Date \_\_\_\_\_ Case Manager \_\_\_\_\_  
 Presented by (person completing form) \_\_\_\_\_ Health District \_\_\_\_\_  
 VA case #: (On Cohort Review List) \_\_\_\_\_ Client Initials (first last) \_\_\_\_\_  
 Age \_\_\_\_\_ Sex (circle): Female Male Medical provider (circle): PMD, LHD or BOTH

**Site of Disease:** **Respiratory (pulmonary, pleural, laryngeal)** \_\_\_\_\_ **Extrapulmonary** \_\_\_\_\_

**SPUTUM/BACTERIOLOGY**

Circle all "Yes No or N/A" options below as appropriate

If respiratory site of disease (*pulmonary, pleural, laryngeal*), was sputa collected? **Yes No N/A**If extra-pulmonary site of disease, was sputa collected? **Yes No N/A**Sputum **culture** result (circle): **Positive Negative N/A** Date of Collection \_\_\_\_\_MTD or other rapid test done?: **Yes No** Result (circle): **Positive Negative**Date of culture conversion: \_\_\_\_\_ **N/A****Definition:** Date of collection of 1<sup>st</sup> negative sputum culture, with no subsequent positive *M. tb* cultures and collected **at least 1 week after last positive culture.**Culture conversion  $\leq 60$  days: **Yes No N/A****Definition:** The number of days from Rx start to date of culture conversion. Indicate if  $\leq 60$  days from treatment initiation.If conversion is  $>60$  days after treatment start, provide the dates of the last 3 sputa collected just prior to 60 days after treatment start. \_\_\_\_\_Documentation of medical follow-up if no culture conversion in  $< 60$  days? **Yes No**Culture from site other than sputum positive for *M.tb*?: Site/Source \_\_\_\_\_ Date \_\_\_\_\_

CHECK ONE: Culture Diagnosis \_\_\_\_\_ Clinical Diagnosis \_\_\_\_\_

Drug susceptibility results available? **Yes No N/A**Was resistance reported? **Yes No** If yes, to which drug(s)? \_\_\_\_\_**INITIAL TB THERAPY**

Drug	Start Date
INH	_____
RIF / rifabutin	_____
EMB	_____
PZA	_____

**COMPLETION OF TREATMENT**

Date of Completion \_\_\_\_\_ # of Wks Rx. \_\_\_\_\_  
 COT  $\leq 366$  days? **Yes No N/A** (died, left country)  
 If COT  $> 366$  days, why?  
 DOT: **Yes No**  
 If not on DOT, why not?

**SECOND LINE DRUGS** **Yes No**

Why added? Resistance \_\_\_ Intolerance \_\_\_ Other \_\_\_

Drug	Start Date
_____	_____
_____	_____
_____	_____

**HIV** Test must be between 12 months prior to TB evaluation through 8 weeks after treatment start, or HIV + results from any date.

Documentation of HIV Result Present in Chart:

**Yes No** Date \_\_\_\_\_

Type of documentation?

If results not present, why not?

**CONTACT INVESTIGATION**Was sputum SMEAR AFB positive? **Yes No N/A** (i.e. no sputa collected) IF No or N/A, **STOP**; No more info. required.If yes, were contacts identified? **Yes No** If "yes", how many contacts identified? \_\_\_\_\_Of the contacts identified above, provide the number **completely** evaluated for infection and disease. Include prior positives in this number. \_\_\_\_\_**Definition:** Completely evaluated includes 1<sup>st</sup> and 2<sup>nd</sup> round TST or IGRA, if appropriate by date; CXR if symptomatic or new/first +test for infection; and sputa x 3 if CXR abnormal or symptomatic. Symptom review for those with history +test for infection. Include CXR and medical exam for all children  $< age 5$  or persons with immune suppression.Provide the number of contacts with a **NEW** positive test for TB infection (+TST or IGRA) on the first or second round of testing. Do not include persons subsequently diagnosed with TB disease or those with a history of +test for infection. \_\_\_\_\_

How many of these with new positive tests for infection started treatment for LTBI? \_\_\_\_\_

Of this number, how many with new positive tests for infection completed treatment for LTBI? \_\_\_\_\_

**FOLLOW UP NEEDED (TB Control Use Only)**