

**Form 6a. DRUG-SUSCEPTIBLE TB REGISTER**

Month/Year: \_\_\_\_\_

Date of Registration (1)	TB Case No. (2)	Name (3)	Date of Birth (4)	Age (5)	Sex (6)	Address (7)	Source of Patient (8)				Anatomic site (P/EP) (9)	Bacteriological status (BC/CD) (10)	REGISTRATION GROUP (11)						Transfer-in	Treatment Regimen (12)		
							Public Health Center	Other public Facilities	Private	Community			New	Relapse	TALF	Treatment After Failure	PTOU	Other				

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Date Started Treatment (13)	Sputum Examination/Xpert Result (14) (upper space: date of exam; lower space: result)								TREATMENT OUTCOME (15) (Write exact date of last intake of drugs)						PICT Done? Write result & date when PICT was done (16)		Remarks (CXR result, PhilHealth member, TBDC result, CPT/ART, etc.) (17)	
	Before Treatment		2 <sup>nd</sup> mon.	3 <sup>rd</sup> mon.	4 <sup>th</sup> mon.	5 <sup>th</sup> mon.	6 <sup>th</sup> mon.	7 <sup>th</sup> mon.	8 <sup>th</sup> mon.	Cured	Completed	Died	Failed	Lost to Follow-up	Not evaluated	Yes/No		Date/Result
	DSSM	Xpert																