

EFFECTIVE JANUARY 2011

Public Health Agence de la santé Agency of Canada publique du Canada

Active Tuberculosis Case Report Form -**New and Re-treatment Cases**

CONFIDENTIAL WHEN COMPLETED

Province/Territory/Patient ID		
1. Reporting province/ 2. Register case number	3. Unique identifier	4. Date of birth 5. Sex
territory		Year Month Day Male Female
6. Usual residence City/Town/Village		Postal code
County and Health Unit		
Lives on First Nation's reserve mo	st of the time? 1 Yes 2 No 8	N/A 9 Unknown
Origin		
7. Canadian born?	6 Foreign-born Country of b	irth Origin
1 Status Indian (Registered) 2 Métis	,	Unknown
1 Status Indian (Registered) 2 Métis	Year of arrival in Canada	Temporary resident:
3 Inuit 4 Other Aboriginal (specify)	Immigration status at the time of diagno	
	1 Canadian citizen/Permanent res	
5 Canadian born Country of Country of	Sanadan shizenin shinaneni res	If other, specify:
Under age 15?	2 Refugee Y 3 Convention	on refugee
birth of father	Refugee of	Claimant 9 Unknown
Diagnosis		
8. Provincial/territorial case date CD 9		
Year Month Day		
9. Chest X-Ray 1 Normal 2 Abnormal	Not done 9 Unknown	If abnormal 1 Cavitary 2 Non-cavitary
Bacterial Status		
10 Microscopy ————————————————————————————————————		
Sputum Wash GI Wash Biopsy Urine	CSF Other Sputum	Bronchial Node Wash GI Wash Biopsy Urine CSF Other
Negative	Negative	
Positive Not done	Positive Not done	
Unknown	Unknown	
	<u> </u>	
12. Case Criteria 1 Culture positive 2 (Clinical diagnosis	
13. If initial positive culture – Antibiotic resistance	?	_
Result Drug Result: Susc	ceptible Resistant Not done Unknown Drug Resul	t: Susceptible Resistant Not done Unknown
DRUG Result Drug Result: Susceptible Resistant Not done Unknown Streptomycin	PAS	L. Susceptible resistant. Not dolle. Unknown
	Rifabutin	
	Amikacin	
│ RMP □ □ □ │ Ofloxacin □ │ PZA □ □ □ │ Ethionamide □	□ □ □ Moxifloxacin □ □ □ Linezolid	Unknown
14. Genotyping results? 1 Yes 2 No 9	Unknown Spoligo Octal Code	
14. Genotyping results? 1 Yes 2 No 9 MIRU		RFLP 1 Yes 2 No
MIRU Treatment Details		RFLP 1 Yes 2 No
Treatment Details 15. Date treatment started 16. Initial drugs pres	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide	RFLP 1 Yes 2 No No drugs prescribed Moxifloxacin Other (specify)
Treatment Details 15. Date treatment started 16. Initial drugs pres	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide EKanamycin PAS	RFLP 1 Yes 2 No
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Treatment Details 15. Date treatment started 16. Initial drugs pres	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Ekanamycin PAS Capreomycin Rifabutin	RFLP 1 Yes 2 No No drugs prescribed Other (specify)
Treatment Details 15. Date treatment started Year Month Day INH RMP EMB PZA 17. Death before or during treatment?	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Kanamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the
Treatment Details 15. Date treatment started Year Month Day INH RMP RMB PZA	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Kanamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death
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Treatment Details 15. Date treatment started 16. Initial drugs pres Year Month Day INH RMP EMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of TB History/Case Finding/Risk Factors/Markers 18. First episode of TB disease?	Unknown Spoligo Octal Code	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the underlying cause 3 TB did not contribute to death Previous treatment completed or cured:
Treatment Details 15. Date treatment started Year	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Kanamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin Previous diagnosis occured in:	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the underlying cause 3 TB did not contribute to death Previous treatment completed or cured: 1 Yes 2 No 9 Unknown If yes, end date Year Month Day of previous
Treatment Details 15. Date treatment started 16. Initial drugs pres	Unknown Spoligo Octal Code	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the underlying cause 3 TB did not contribute to death Previous treatment completed or cured: 1 Yes 2 No 9 Unknown If yes, end date Year Month Day
Treatment Details 15. Date treatment started Year	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Anamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin Previous diagnosis occured in: Canada Other country: 20. Risk factors/Markers	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Year Month Day INH RMP RMP RMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the started results of t	Unknown Spoligo Octal Code	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Year	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Anamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin Previous diagnosis occured in: 1 Canada 2 Other country: Negative 20. Risk factors/Markers HIV 1 Positive 2 Negative	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Year Month Day INH RMP RMP RMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the started results of t	Unknown Spoligo Octal Code Cribed (check all that apply) Streptomycin Ethionamide Anikacin PAS Capreomycin Anikacin Previous diagnosis occured in: Canada Other country: Megativ Other country: Negativ Test refused 4 Test no	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Streptomycin Ethionamide Moxifloxacin FAS Linezolid FAS Lin	Unknown Spoligo Octal Code	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started 16. Initial drugs pres	Cribed (check all that apply) Cribed (check all that apply) Streptomycin Ethionamide Kanamycin PAS Capreomycin Rifabutin Ofloxacin Month Day Previous diagnosis occured in: 1 Canada 2 Other country:	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Streptomycin Ethionamide Moxifloxacin Capreomycin Rifabutin Capreomycin Rifabutin Capreomycin Rifabutin Capreomycin Rifabutin Capreomycin Rifabutin Capreomycin Amikacin Capreomycin Capreomycin Amikacin Capreomycin Capreomycin Amikacin Capreomycin Ca	Cribed (check all that apply) Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1
Treatment Details 15. Date treatment started Streptomycin Ethionamide Moxifloxacin Capreomycin Rifabutin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Unknown Offloxacin Unknown Offloxacin Unknown Offloxacin Unknown Offloxacin Offloxacin Offloxacin Unknown Offloxacin Offloxacin Unknown Offloxacin Unknown Offloxacin Offloxacin Unknown Offloxacin Offloxacin	Cribed (check all that apply) Streptomycin Ethionamide Streptomycin PAS Capreomycin Amikacin Previous diagnosis occured in: Canada Other country: Megative Negative Test refused Test no Contact with person with active TB in past 2 years Diabetes mellitus type 1 or 2 End-stage renal disease	RFLP 1 Yes 2 No No drugs prescribed Other (specify)
Treatment Details 15. Date treatment started Year	Cribed (check all that apply) Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown
Treatment Details 15. Date treatment started Streptomycin Ethionamide Moxifloxacin Capreomycin Rifabutin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Offloxacin Unknown Offloxacin Unknown Offloxacin Unknown Offloxacin Unknown Offloxacin Offloxacin Offloxacin Unknown Offloxacin Offloxacin Unknown Offloxacin Unknown Offloxacin Offloxacin Unknown Offloxacin Offloxacin	Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown
Treatment Details 15. Date treatment started Year Month Day INH RMP RMP EMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the proof of th	Cribed (check all that apply) Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown
Treatment Details 15. Date treatment started Year Month Day INH RMP EMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the period of TB disease? 1 Yes 2 No If no: Year of previous diagnosis Previous treatment with (check all antibiotics used): INH EMB RMP PZA Streptomycin Ethionamide Moxifloxacin Ranamycin PAS Linezolid Linezolid Capreomycin Rifabutin Ofloxacin Amikacin Other (specify) Unknown 19. Case finding 1 Symptoms compatible with site of disease 2 Incidental finding Contact investigation Immigration 2 Occupational	Cribed (check all that apply) Streptomycin Ethionamide Anamycin PAS Capreomycin Rifabutin Ofloxacin Amikacin Previous diagnosis occured in: 1 Canada 2 Other country: Negative Test no Contact with person with active TB in past 2 years Diabetes mellitus type 1 or 2 End-stage renal disease Homeless (at diagnosis or within the previous 12 model	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown
Treatment Details 15. Date treatment started Year Month Day INH RMP EMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the period of TB disease? 1 Yes 2 No If no: Year of previous diagnosis Previous treatment with (check all antibiotics used): INH EMB RMP PZA	Cribed (check all that apply) Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown
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Treatment Details 15. Date treatment started Year	Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the underlying cause 3 TB did not contribute to death Previous treatment completed or cured: 1 Yes 2 No 9 Unknown If yes, end date of previous treatment: The positive, year of 1st positive test if negative, year of most recent test if negative, year of most recent test The positive of 1st positive test if negative, year of most recent test if negative, year of negative, ye
Treatment Details 15. Date treatment started Year Month Day INH RMP RMB PZA 17. Death before or during treatment? 1 Yes 2 No 9 Unknown If yes, date of the part of previous diagnosis TB History/Case Finding/Risk Factors/Markers 18. First episode of TB disease? 1 Yes 2 No If no: Year of previous diagnosis Previous treatment with (check all antibiotics used): INH EMB RMP PZA Streptomycin Ethionamide Moxifloxacin Ranamycin PAS Linezolid Capreomycin Rifabutin Ofloxacin Amikacin Other (specify) Unknown 19. Case finding 1 Symptoms compatible with site of disease 2 Incidental finding Contact investigation To Occupational Screening Initial immigration medical exam done outside Canada Other screening Ot	Cribed (check all that apply) Streptomycin Ethionamide Anamycin PAS Capreomycin Rifabutin Month Day Previous diagnosis occured in: 1 Canada	RFLP 1 Yes 2 No Moxifloxacin Other (specify) Unknown
Treatment Details 15. Date treatment started Year	Cribed (check all that apply) Streptomycin	RFLP 1 Yes 2 No RFLP 1 Yes 2 No RFLP 1 Yes 2 No No drugs prescribed Other (specify) Unknown 1 TB was the cause of death 2 TB contributed to death but was not the underlying cause 3 TB did not contribute to death Previous treatment completed or cured: 1 Yes 2 No 9 Unknown If yes, end date of previous treatment: e If positive, year of 1st positive test If negative, year of most recent test t offered 5 Unknown 1 Yes 2 No 9 Unknown

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