

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Health Protection Agency

Republic Of Maldives

Phone: 3014494 Fax: 3014484 email: ntp.maldives@gmail.com

TB MONTHLY REPORTING FORM

Name of the Facility:

Reporting Period:/...../..... to/...../.....

TB BUFFER STOCK

DRUGS/COMMODITY	STOCK RECEIVED		DURING MONTH		BALANCE
	DATE RECEIVED	EXPIRY DATE	AMOUNT USED	EXPIRY DATE	
TB KITS					
MANTOUX					

TB PATIENTS CURRENTLY ON TREATMENT

TB PATIENT No	NAME	ADDRESS	ISLAND	TREATMENT STARTED	
				DATE	FACILITY

TB PATIENTS WHO "DEFAULTED"

TB PATIENT NO	NAME	ADDRESS AND ISLAND	DEFAULT DATE	REASON

No of Sputum AFB Examined

Name of the Facility	No of Patients Sputum AFB done	No of slides tested	No of slides positive	No of slides Negative

Report prepared by:

Designation:

Date:

Signature:

INSTRUCTIONS

This entire form is to be completed by the Atoll hospital with relevant information collected from the islands in the Atoll. This form should be submitted before 10th of every month.

- TB Buffer Stock is kept in every Atoll hospital for easy access to the drugs if any patient is been diagnosed within the Atolls.
- All TB patients currently on treatment in the Atoll (including island level) should be listed in this form.
- If Any defaults are recorded in any island of the Atoll, it should be mentioned in this form with the relevant reason for the default.
(For monitoring purposes in this form, **treatment outcome="default"** if a patient has not taken anti-TB drugs for 3 or more consecutive days after starting treatment, or has missed receiving treatment intermittently more than 3 times for a period of 2 weeks)

If a patient has defaulted as in the above definitions, every effort must be taken to trace the person and continue regular treatment. If patient cannot be traced within 1 week of the date of defaulting, **please report this patient to NTP immediately** by phone and fax or email without waiting to send as monthly report.

- Number of Sputum AFB Examined within the Atoll including the Investigations done in the Health center level within the Atoll.

For more information contact: 3014470 or 3014301

This form can be submitted through fax or by mail

Fax: 3014484 email: ntp.maldives@gmail.com