7.0. Appendices
APPENDICES

Appendix A

Revised National Tuberculosis Control Programme

Quarterly report on new cases of tuberculosis

1. Total number of new smear positive pulmonary tuberculosis cases
2. Total number of new smear negative pulmonary tuberculosis cases
3. Total number of pulmonary cases
4. Total number of new extrapulmonary tuberculosis cases
5. Total number of cases
6. Total number of tuberculosis suspects whose sputum was examined for diagnosis (Taken from Laboratory monthly abstract)
Appendix B

Revised National Tuberculosis Control Programme
Laboratory form for sputum examination

1. Patient TB no

2. Lab serial number

<table>
<thead>
<tr>
<th>Date of examination</th>
<th>Specimen</th>
<th>Visual appearance</th>
<th>Results Positive/Negative</th>
<th>Positive Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mucopurulent / Blood stained /Saliva</td>
<td></td>
<td>3+ 2+ 1+ Scanty</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C
Questionnaire for identification of tuberculosis suspects

1. House number:

2. Name of respondent: Relation to head of family:

3. No of family members Name, age, sex of each

4. In the last one month did you or any other member suffer from any illness? If yes, details.

5. Did you or any other member suffer from prolonged cough? If yes Duration
   Type: dry/mucopurulent/ blood stained/other

6. Did you or any other member have
   Fever
   Type: low grade in evening/with shivers/ other

   Chest pain

   Anorexia

   Weight loss

7. Did anyone in the household take prolonged treatment for more than one month?

8. If yes: From whom? Treatment details with dosage and duration

9. Does anyone in the family pass urine which is red in colour?
Appendix D

I) Following data was collected of all symptomatics tested.

1. Patient TB number
2. Name & Address
3. Place of referral
4. Clinical signs and symptoms
5. Duration of first symptoms
6. Previous history
7. Contacts/ other case of tuberculosis in household

II) Reports of tests done (as applicable)

1. Smear status
2. Radiological profile
3. Tuberculin response
4. ESR
5. Other
6. Clinical records
7. Response to broad spectrum antibiotics

These and consultation with the chest physician at the clinic were used to determine the clinical probability of the cases.
### Appendix E

**Revised National Tuberculosis Control Programme**

**Treatment Card**

1. Patient TB No
2. Occupation
3. Date of treatment initiation
4. Date of treatment completion
5. Category of patient
6. X-ray/other extrapulmonary tests
7. Treatment outcome with date status
8. Remarks

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Smear result</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Intensive phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of continuation phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F
Questionnaire used for follow up of symptomatics positive by PCR only.

1. Name

2. Address

3. You approached Tuberculosis Unit in Pune in the month of ..... after that have you been diagnosed with tuberculosis?
   Yes
   No

3. If answer to 1 was yes then

4. When were you diagnosed with tuberculosis?

5. What treatment did you take?

6. Who was the Dr/ which clinic did you approach?

1. If answer to 1 was no then

3. During this period did you have any of these symptoms
   Cough >3 weeks
   Chest pain
   Weight loss
   Fever
   Hemoptysis
   Anorexia

4. Did you take prolonged treatment for any other disease?

5. Did any one in family/neighbours have tuberculosis in this period?

6. Do you have any past history of TB?
   In addition a medical evaluation was done by clinician.
Appendix G
Managing the Revised National Tuberculosis Control Programme in your area
A Training Course
Central TB Division, Directorate General of Health Services, Ministry of Health
and Family Welfare, Nirman Bhavan, New Delhi 110011

Materials required for microscopy as prescribed by RNTCP

- Glass slides for microscopy, and slide-boxes
- Diamond markers marking pens or grease pencils
- Broom sticks (thick enough to make good smears)
- Transparent glass bottles for reagents
- Plastic tumblers/mugs
- Glass rods
- Staining racks
- Sputum containers
- Spirit lamp or Bunsen burner
- Lens paper
- 5% phenol / 40% phenolic compound (proprietary Phenyl) diluted to 5% (for disinfection)
- Foot-operated bin
- Timer (stop-watch)
- Filter Paper
- Fine Silk and Lint cloth

Some changes were taken in consideration according to set up of TU in Pune PMC area after consulting laboratory supervisor

Estimated quantity of reagents and materials required for 1000 smears as prescribed by RNTCP

<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbol fuchsin (1%)</td>
<td>5000ml</td>
</tr>
<tr>
<td>Methylene blue (0.1%)</td>
<td>3000ml</td>
</tr>
<tr>
<td>Sulphuric acid (25%)</td>
<td>6000ml</td>
</tr>
<tr>
<td>Immersion oil</td>
<td>50ml</td>
</tr>
<tr>
<td>Phenol 5 %</td>
<td>200 l</td>
</tr>
<tr>
<td>Methylated spirit</td>
<td>1000ml</td>
</tr>
<tr>
<td>Filter paper (Whatmann No. 1, pack of 100)</td>
<td>1 pack</td>
</tr>
<tr>
<td>Lens paper (book of 50 leaves)</td>
<td>20</td>
</tr>
<tr>
<td>Lint cloth (15 cm x 15 cm)</td>
<td>5</td>
</tr>
<tr>
<td>Diamond marker</td>
<td>4</td>
</tr>
<tr>
<td>Grease pencils or marking pens</td>
<td>4</td>
</tr>
<tr>
<td>Sputum containers</td>
<td>1100</td>
</tr>
<tr>
<td>Broom sticks</td>
<td>1100</td>
</tr>
<tr>
<td>New glass slides</td>
<td>1100</td>
</tr>
</tbody>
</table>
7.0 Appendices

Slide Box (100 Slides) 11
Black/Red disposal bags 100
of bio-degradable material