Annexures
Annexure -1
H.M. PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD

INFORMED CONSENT FORM

Study Title: “Studies on various aspects of Laboratory diagnosis of Tuberculosis
with special emphasis on Multi-Drug Resistant Tuberculosis.”

Patients Name: ________________________________________________________________

Sex: Male / Female ______________ Age: ______________________

If IPD: Ward: ____________________ Reg.No.________________________

If OPD: Address: ________________________________

I have been explained regarding the research project entitled: “Studies on various aspects
of laboratory diagnosis of Tuberculosis with special emphasis on Multi- Drug Resistant
Tuberculosis.”

I understand that my participation in the study is voluntary and that I am free to withdraw at
any time without giving any reason, without my medical care or legal right being affected.

I understand that my identity will not be revealed in any information released to third parties
or published.

I agree to take part in the above study.

Signature or thumb impression of the patient______________________________

Signature of the Investigator___________________________________________

Signature and name of witness__________________________________________

Date: ______________________
## Annexure -2

**H.M. Patel Center for Medical Care and Education, Karamsad**

Research Project on “Drug Resistant Tuberculosis”

MICROBIOLOGY LAB., S K HOSPITAL, KARAMSAD.

<table>
<thead>
<tr>
<th>Patient’s Name: ______________________</th>
<th>Age: _______</th>
<th>Sex: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPD</strong></td>
<td>OPD NO: ____________</td>
<td>Lab No: __________________________</td>
</tr>
<tr>
<td><strong>IPD</strong></td>
<td>IPD NO: ____________</td>
<td>Ward: ____________________________</td>
</tr>
</tbody>
</table>

1. **Diagnosis**: A case of
   - * Pulmonary TB
   - * Extra Pulmonary TB
     (Specify)
   - HB: _______
   - TC/DC: _______
   - ESR: _______
   - MT: _______
   - HIV: _______
   - Blood Sugar: _______
   - Urine Sugar: _______

2. **Specimen**: _______

3. **Radiographic findings**: _______

4. **History of Previous AKT**: (Please √)
   - a. Untreated, Newly diagnosed case.
   - b. On AKT for last __________ Days / Months.
   - c. Has taken AKT Be fore __________ Months / Years.
      If treated (B or C), AKT taken are________________________

5. **Reason for suspecting “Drug-resistance”**: (Please √)
   - a.(_____) Patient on treatment, but no response.
   - b.(_____) A relapse case
   - c.(_____) Sputum persistently positive for AFB, inspite of AKT
   - d.(_____) Immuno compromised patient having
     (_____) HIV, (_____) Malnutrition, (_____) Silicosis, (_____) Diabetes
     On steroids and other drugs(_____) Other (Specify) (__________________________)
   - e.(_____) Persistent Constitutional symptom
   - f.(_____) Spread of Tuberculosis to other site/organ
   - g.(_____) Poor Compliance of Patient ______________________
   - h.(_____) Any other (Specify)__________________________.

Signature: ______________________

Name of Doctor: ______________________
Annexure -3
H.M. PATEL CENTER FOR MEDICAL CARE AND EDUCATION

CULTURE FOLLOW UP FORM

Lab No. ________________

AFB Culture No. ________________

<table>
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<tr>
<th>Patient’s Name: ___________________</th>
<th>Age: ______</th>
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| IPD / Ward: ______________________ | Reg No. __________________________ |

| OPD / Address: ___________________ |

Specimen: ___________________ Date of Collection: ___________________

MICROSCOPY: (By Ziehl Neelsen Method)

| Direct Smear: ___________________ |
| Concentrated Smear: ______________ |

**AFB CULTURE: (On Lowenstein- Jensen Medium)**

| Colony Morphology: ___________________ |
| Colony Smear: ___________________ |
| Optimum Isolation Temp: ______________ |
| Growth Rate: ___________________ |
| Growth Rate 25°C: ______________ |
| Growth Rate 42°C: ______________ |
| Pigment Production: ______________ |
| Growth on Medium: ___________________ |
| Containing PNB: ___________________ |

Identification:
Isolated Organism Identified as ___________________

**DRUG SENSITIVITY TEST**

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Annexure -4
H.M. PATEL CENTER FOR MEDICAL CARE AND EDUCATION
KARAMSAD
DEPARTMENT OF MICROBIOLOGY

REPORT

Culture No._______

Date_______

AFB CULTURE AND DRUG SENSITIVITY

Patients Name:_________________________ Specimen:_________________________

IPD /OPD No._________________________ Date of Collection:_______________

1. MICROSCOPY : (By Ziehl Neelsen Method)

Direct Smear : __________________________

Concentrated Smear : __________________________

2. AFB CULTURE: (On Lowenstein- Jensen medium)

POSITIVE/ NEGATIVE (after _____ weeks of Incubation)

Organisms identified as: __________________________

3. DRUG- SENSITIVITY TEST:

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MICROBIOLOGIST