NATIONAL TUBERCULOSIS PROGRAMME MALAWI									TUBERCULOSIS TREATMENT CARD													ility alth	TB N	No. nit.									
Name		ſ																										ation	Date.	.			
Address (in full) Name and Addro of Guardian	ess																									Management of HIV+ Patients ARV CTX Start Date ARV Number							
Sex: Disease Classification & Patient Categor	New Relapse TI RAD Fail Other Specify Other:																ARV Status A B C Update ARV -Status in Register from this card: A: Started ARV before starting TB treatment B: Started ARV while on TB treatment C: ARV not started on discharge from TB treatment																
1. INITIAL INTENSIVE PHASE											*/		Spu	utum Results								w	reight	t HIV Test History (see back)				
Regimen and daily dosage of tablets/ grams of S										Time			Test		Date		Serial	No		Result				_	Recent	Past	r	New	HIV Test			-	
Regimen 2 TB Meningitis										Initiat	ion		Smear Culture							grov	wth	sensiti	ivity		Negative	Posit	ive N	New Neg.	New Pos			Unknown	
RHZE RHZE					RHZE	E RHZE					Month	12														RN	PP	- 1	NN	NP		NT	Unk
						s s						Month 3* sm		smea	r											RN	PP	-	NN	NP		NT	Unk
R: Rifampicin									Month	n 5		Smea	r											RN	PP	1	NN	NP		NT	Unk		
H: Isoniazid											Last Moi	nth 6/8		Smea	ır											RN	PP	1	NN	NP		NT	Unk
Z:pyrazinamide E: ethambutol S: Streptomycin (S for DOT Option:	*3 month repeat only if 2 month smear was still positive hambutol reptomycin (S for 2 months only in Regimen 2)																Update HIV-Status in Register from latest entry on card RN or NN: HIV-status Negative PP or NP: HIV status Positive NT or Unk: HIV Status Unknown																
Month Day	1	2	3	Δ	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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