



719

Indo-US VAP Biomarkers for Risk of Tuberculosis and for Tuberculosis
Treatment Failure and Relapse

Form 7

AFB CULTURE RESULTS

Participant ID: SUBJID

1 0 2 - 0 -

Laboratory code:

CX_LABID

Visit: CX_VISIT

☐ Baseline ☐ TB Failure/Relapse☐ Month 1 ☐ End of Treatment☐ Month 2 ☐ HHC TB Activation

Laboratory Accession #:

- MBREFID

SPECIMEN COLLECTION

☐ Not Done

CX_MBND

Enter 99 for any unknown date or time fields.

Date and time of specimen collection	CX_MBDAT	/	/		:		CX_MBTIM (24 hour time)
	Day		Month	Year	Hour	Minute	
Date and time received at lab	CX_MBRECDAT	/	/		:		CX_MBRECTIM (24 hour time)
	Day		Month	Year	Hour	Minute	
Location of sputum collection:	<input type="checkbox"/> Home <input type="checkbox"/> Outpatient (Clinic) <input type="checkbox"/> Inpatient (Hospital)						CX_MBSPSETT
Sputum collection method:	CX_MBSPMETH	<input type="checkbox"/> Expectorated <input type="checkbox"/> Induced <input type="checkbox"/> Gastric lavage <input type="checkbox"/> Nasopharyngeal aspiration					

CULTURE

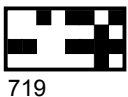
☐ Not Done

CX_ND

Date and time culture media inoculated	CX_STDAT	/	/		:		CX_STTIM (24 hour time)
	Day		Month	Year	Hour	Minute	
Media Type	CX_MEDIA	<input type="checkbox"/> LJ <input type="checkbox"/> Bactec MGIT 960 <input type="checkbox"/> Other: CX_MEDIASP					
Culture result	CX_GROWTH	<input type="checkbox"/> No Mycobacterial growth <input type="checkbox"/> Mycobacterial growth <input type="checkbox"/> Culture contaminated/other result <input type="checkbox"/> Specimen lost/mishandled (no result)					
Date of final culture determination		/	/				CX_ENDAT
	Day		Month	Year			

If mycobacterial growth was observed, answer the additional questions below.
 If there was no mycobacterial growth, leave the section below blank.

Colony Detection	CX_SOLQNCAT	Number of colonies (semi-quantitative) if LJ culture: <input type="checkbox"/> <10 colonies —————> Specify colony count: <input type="text"/> <input type="checkbox"/> + (10-100 colonies) <input type="checkbox"/> ++ (101-200 colonies) <input type="checkbox"/> +++ (>200 colonies)	OR Time to detection if MGIT culture: <input type="text"/> : <input type="text"/> Day(s) Hours CX_LIQTDDAY
Species identified	CX_MTB	<input type="checkbox"/> M. tuberculosis (MTB) <input type="checkbox"/> Both MTB and NTM <input type="checkbox"/> NOT M. tuberculosis (NTM) <input type="checkbox"/> Unknown	



719

Laboratory Accession #:

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MBREFID2

DRUG SUCCEPTIBILITY TESTING (DST) ☐ Not Done **CX_DSTND**

For subjects enrolled in the common protocol, complete the DST section below:

Date DST Initiated	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="2">Year</td><td colspan="4"></td></tr></table> CX_DSTDAT							/			/					Day		Month		Year					
		/			/																				
Day		Month		Year																					
DST Results																									
CX_DSTINH Isoniazid	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTRMP Rifampin	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTEMB Ethambutol	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTSM Streptomycin	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTPZA Pyrazinamide	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTKMY Kanamycin	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTOFX Ofloxacin	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTETHIO Ethionamide	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTOTH Other, specify:	¹ <input type="checkbox"/> Susceptible	² <input type="checkbox"/> Resistant	³ <input type="checkbox"/> Indeterminate	⁴ <input type="checkbox"/> Contaminated	⁵ <input type="checkbox"/> Not done																				
CX_DSTOTHSP																									

Signature of Data Collector: **CX_SIGN** _____**CX_INIT**
Initials of Data Collector:

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CX_COMPDAT
Date Completed:

		/			/				
Day		Month		Year					