



29101

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

Form 98B

FINAL OUTCOME DETERMINATION FORM - COHORT B (HOUSEHOLD CONTACTS)

Household contact ID: SUBJID

1 0 2 - 0 - B

Date of evaluation: FOB_VISDAT

Day / Month / Year

Visit Type: ☐ Month 24 ☐ TB Activation ☐ Unscheduled FOB_VIST

Instructions: Document the outcome status at the participant's final visit (i.e. Month 24 or TB Activation visit. If the participant's final visit is at any other time, check the "unscheduled" box.)

All participants must be assigned 1 outcome as defined in the Common Protocol, *Outcome Measures for Cohort B section*. Note that the "Unknown" box should only be checked if it was not possible to assess the participant's status (e.g. due to loss to follow-up, death).

1. Final Outcome Status FOB_COHBOUT

☐ No TB (End of form)☐ Definite Case☐ Probable Case☐ Possible Case☐ Unknown, specify: FOB_COHBOUTSP (End of form)

2. If participant has possible, probable, or definite TB, indicate the site: FOB_COHBLOC

☐ Pulmonary☐ Pleural☐ Lymph node☐ Peritoneal☐ Bone☐ Joint☐ Central Nervous System☐ Other, specify: FOB_COHBLOCSP

Signature: FOB_SIGN

FOB_INIT
Initials: FOB_COMPDAT
Date Completed: Day / Month / Year