



24415

### HELMINTH SEROLOGY TEST RESULTS

*This form should be completed for every index case with treatment failure, selected index case controls at treatment completion, household contacts who develop active TB and selected household contact controls at month 12.*

Participant ID: **SUBJID**

Family ID: **FID**

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1. Indicate type of participant: **HS\_VISIT**

Household contact

Index Case

- ☐ Index case treatment failure/relapse
- ☐ Index case control (Month 6)
- ☐ Household contact co-prevalent or incident TB case with treatment failure (Month 5)

- ☐ Household contact co-prevalent case
- ☐ Household contact incident TB case
- ☐ Household contact TST+ control (Month 12)
- ☐ Household contact TST- control (Month 12)

2. Helminth infestation related labs:

2a. Strongyloides stercoralis ELISA: **HS\_STRONGY**

Repeat Strongyloides stercoralis ELISA (if equivocal):

- ☐ Positive
- ☐ Negative
- ☐ Equivocal (Repeat test if equivocal)
- ☐ Not Done/Not Available

- ☐ Positive **HS\_STRONGY2**
- ☐ Negative
- ☐ Equivocal
- ☐ Not Done/Not Available

2b. Lymphatic filariasis ICT: **HS\_FILAR**

Repeat Lymphatic filariasis ICT (if equivocal):

- ☐ Positive
- ☐ Negative
- ☐ Equivocal (Repeat test if equivocal)
- ☐ Not Done/Not Available

- ☐ Positive **HS\_FILAR2**
- ☐ Negative
- ☐ Equivocal
- ☐ Not Done/Not Available

2c. Cysticercosis EITB: **HS\_CYST**

Repeat Cysticercosis EITB (if equivocal): **HS\_CYST2**

- ☐ Positive
- ☐ Negative
- ☐ Equivocal (Repeat test if equivocal)
- ☐ Not Done/Not Available

- ☐ Positive
- ☐ Negative
- ☐ Equivocal
- ☐ Not Done/Not Available

2d. Absolute eosinophil count and percentage:

**HS\_EOCOUNT**

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 cmm

AND

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 %

**HS\_EOPERC**

☐ Not Done/Not Available **HS\_EOND**

2e. White blood cell count: **HS\_WBC**

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 cmm

**HS\_WBCND**

☐ Not Done/Not Available

Date Completed:

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Day

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Month

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Year

**HS\_COMPDAT**

Initials:

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**HS\_INITIALS**