



4360

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

Form 11

HOUSEHOLD CONTACT IGRA TESTING

Household Contact ID #:
SUBJID

1	0	2	-	0					-	
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Family ID #:
FID

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IT_IGRADAT

Date of IGRA Testing:

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Day

--	--

Month

--	--

Year

IT_IGRAND

☐ Not done1. Type of IGRA: ☒ QGIT¹
IT_IGRAMETH☐ In-house assay ²☐ Other, specify: ³ IT_IGRAMETHSP2. IGRA result: ☐ Positive
IT_IGRARES☐ Negative☐ Indeterminate

2a. Nil IFN-g concentration:

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IT_NILIFN

(IU/mL)

¹

IT_NILIFNNG

☐ Check if negative number

2b. TB response:

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IT_TBRES

(IU/mL)

¹

IT_TBRESNG

☐ Check if negative number

2c. Mitogen response:

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IT_MITRES

(IU/mL)

¹

IT_MITRESNG

☐ Check if negative number

IT_INIT

Initials of Data Collector:

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IT_COMPDAT
Date Completed:

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Day

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Month

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Year