Table 2: ART Centre TB-HIV Register

NAME OF ART CENTRE: _____ NAME OF DISTRICT:_____ MONTH/YEAR:_____

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*
Sr. No.	**Date**	**Complete Name & Address**	**Age**	**Sex**	**Type of TB (Pulmonary TB or Extra-pulm TB)**	**Is patient initiated on RNTCP treatment (Yes/No)**	**Date of Starting Treatment**	**TB Number with TU and District Name**	**Pre-ART Number**	**Latest CD4 Count**	**Date of ART Initiation**	**ART Registration Number**	**Is the patient on CPT (Yes/No)**	**TB treatment Outcome**