

ICTC TB-HIV Report

REPORTING MONTH: _____ YEAR _____

NAME OF ICTC: _____ DISTRICT: _____

I. TOTAL NUMBER OF GENERAL CLIENTS ATTENDING ICTC:

a) Total no. of clients who attended ICTC in the month (excluding PPTCT clients)	
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II. REFERRAL OF SUSPECTED TUBERCULOSIS CASES FROM ICTC TO RNTCP

	HIV positive	HIV Negative
a) No. of persons suspected to have TB referred to RNTCP diagnostic services		
b) Of the referred TB suspects, No. diagnosed as having:		
(i) Sputum-positive TB		
(ii) Sputum-negative TB		
(iii) Extra-Pulmonary TB		
c) Out of above (b), diagnosed TB patients, number receiving DOTS		

III. REFERRAL OF DIAGNOSED TB PATIENTS FROM RNTCP TO ICTC

a) No. of RNTCP registered TB patients tested for HIV	
b) Out of above (a), No. detected to be HIV Positive	

Signature of Medical Officer - In charge ICTC

Name of Medical Officer In-charge ICTC