



Protocol Tuberculosis

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Site Number

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Subject Number

Tuberculosis Drug Susceptibility

1 Tuberculosis Drug Susceptibility

1.1	Collection Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<i>SAMPLE_MBYN</i>
1.2	Was TB drug susceptibility testing performed?	<input type="radio"/> No <input type="radio"/> Yes	<i>MSPERF</i>										
1.3	What was the category of the microbiology susceptibility test?		<i>MSCAT</i>										
1.4	What was the Non-host Organism ID?		<i>NHOID</i>										
1.5	What was the Microbiology Susceptibility test name?		<i>MSTEST</i>										
1.6	What was the name of the agent for which resistance is being tested?	<input type="radio"/> Isoniazid <input type="radio"/> Rifampicin <input type="radio"/> Streptomycin <input type="radio"/> Amikacin	<i>MSAGENT</i>										
1.7	What was concentration of the agent?	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>MSCONC</i>						
1.8	What was agent concentration unit?		<i>MSCONCU</i>										
1.9	What was the result of the susceptibility test?	<input type="radio"/> Sensitive <input type="radio"/> Resistant	<i>MSORRES</i>										