



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>											SAMPLE_MBYN
1.2	Was TB drug susceptibility testing performed?	<input type="radio"/> No <input type="radio"/> Yes	MSPERF										
1.3	What was the category of the microbiology susceptibility test?		MSCAT										
1.4	What was the Non-host Organism ID?		NHOID										
1.5	What was the Microbiology Susceptibility test name?		MSTEST										
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	MSAGENT										
1.7	What was concentration of the agent?	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					MSCONC						
1.8	What was agent concentration unit?		MSCONCU										
1.9	What was the result of the susceptibility test?	<input type="radio"/> Sensitive <input type="radio"/> Resistant	MSORRES										