Protocol Tuberculosis

	Site Number			Subject Number			

Tuberculosis Skin Response			
1 Skin Test			
1.1	Skin Response Category		*SRCAT*
1.2	Skin Response Test Performed?	○ No ○ Yes	*SRPERF*
1.3	What was the reason the test was not done?		*SRREASND*
1.4	Intervention Performed		*SROBJ*
1.5	What was the date of the intervention performed to elicit the skin response? (DD-MMM-YYYY)		*SRRFTDAT*
1.6	What was the time of the intervention performed to elicit the skin response? (24 hour clock)		*SRRFTTIM*
1.7	What was the date of the skin response measurement? (DD-MMM-YYYY)		*SRDAT*
1.8	What was the time of the skin response measurement? (24 hour clock)		*SRTIM*
1.9	Anatomical Location	○ Arm ○ Leg	*SRLOC*
1.10	Side	○ Right ○ Left	*SRLAT*

Tuberculosis Skin Response

1   Skin Test

1.11	Directionality	○ Upper ○ Lower ○ Anterior	*SRDIR*
1.12	Skin Response Test Name	○ Flare Size ○ Flare Mean Diameter ○ Induration Longest Diameter ○ Wheal Size ○ Wheal Longest Diameter ○ Wheal Mean Diameter	*SRTEST*
1.13	Result		*SRORRES*
1.14	What was the unit of the skin response measurement?	○ mm ○ cm	*SRORRESU*
1.15	Who was the evaluator?	○ Investigator ○ Health Care Professional ○ Study Subject	*SREVAL*