ward No. - 05
Reg. No. - 14473

NTEP Request Form for examination of biological specimen for TB

(Required for Diagnosis of TB, Drug Susceptibility Testing and follow up)

Patient Information			
Patient name	Alishba Shah Mazhar Hussain	Age (in yrs): 5 months	Gender: ☐M ☐F ☐TG
Patient mobile no. or other contact no.	9021605387	Specimen date of collection (DD/MM/YY) 22/5/25	☑ Sputum ☐ Other (specify)____
Aadhar no. (if available)			
Patient address with landmark	Near Keshavbhath Mana math, urdu school, Kurum, P.S. mana.	HIV Status: ☐Reactive ☐Non-Reactive ☐Unknown Key populations: ☐ Contact of known TB Patient ☐ Contact of known DR TB Patient ☐ Diabetes ☐ Tobacco ☐ Prison ☐ Miner ☐ Migrant ☐ Refugee ☐ Urban slum ☐ Health-care worker ☐ others (specify) ____	

Name and Type of referring facility (PHI/DMC/TU/DTC/ICTC/ART/Medical College/DR-TB Centre/RBSK/Private Others, specify) ____ Health Establishment ID (NIKSHAY): ____	Type of Patient: ☐ Public sector ☐ Private sector Episode ID: ____
State: Maharashtra District: Akola	Tuberculosis Unit (TU): ____

Reason for Testing:

Diagnosis and follow up of TB		
Diagnosis of TB (for presumptive TB)		Follow up (Smear and culture)
H/O anti TB Rx for >1 month: ☐ Yes ☐ No		
☐TB symptomatic ☐Any abnormality in X-ray ☐Repeat Exam ☐Presumptive NTM	Predominant symptom ____ Duration ____ days	Reason: ☐ End IP ☐ End CP Post treatment: ☐ 6m ☐ 12m ☐ 18m ☐ 24m

Diagnosis and follow up Drug-resistant TB		
Drug of DR TB (DRT / DST)		Follow up (Culture & Smear)
Presumptive MDR TB	☐ New ☐ Previously treated ☐At TB diagnosis ☐Follow up Sm+ve DS TB	Treatment follow up month: ____ Type of case: ☐ H mono/poly TB ☐ MDR/RR TB ☐ XDR TB
☐ Presumptive H mono/poly		Regimen Type: ☐ All oral H Mono/poly TB regimen ☐ Shorter MDR TB regimen ☐ All oral longer regimen ☐ Any other regimen
Presumptive XDR TB	☐MDR/RR TB at Diagnosis ☐Failure of MDR/RR TB regimen ☐Recurrent case of second line treatment	Regimen composition ☐ Lfx ☐Mfx ☐Bdq ☐Lzd ☐Cfz ☐Cs ☐ Z ☐ E ☐Eto ☐Dlm ☐ Am ☐Km ☐ Cm

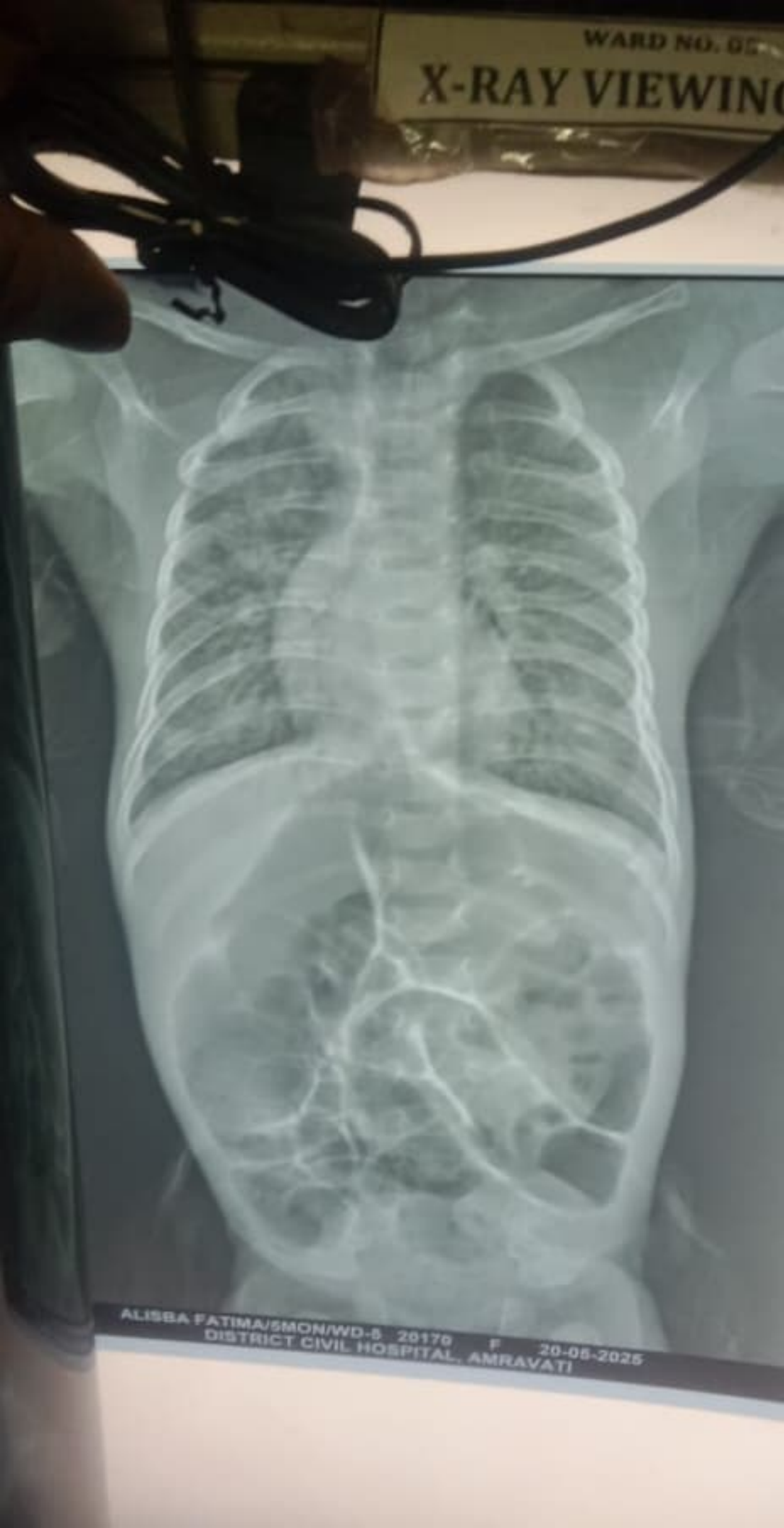
Test requested:

☐ Microscopy ☐ TST ☐ IGRA ☐ Chest X-ray ☐Cytopathology ☐ Histopathology ☑ CBNAAT ☐ TruNAAT
☐ Culture ☐ DST ☐ FL-LPA ☐ SL-LPA ☐ Gene Sequencing ☐ Other (Please Specify) ____
Requested by (contact No. & Designation and Signature) ____ MTB Not Detected
Contact Number ____ Email ID ____

Results:

	Microscopy (☐ ZN ☐ Florescent)						
			Result				
	Lab Sr. No	Visual appearance	Negative	Scanty	1+	2+	3+
Sample A		S M B					
Sample B		S M B					

Date tested: ____ Date Reported: ____ Reported by: ____
Laboratory Name: ____ (Name and Signature)


WARD NO. 05
X-RAY VIEWING
ALISBA FATIMA/SMON/WD-8 20170 F 20-05-2025
DISTRICT CIVIL HOSPITAL, AMRAVATI

Date of Specimen received

Nucleic Acid Amplification Test (NAAT) Lab serial 1526 Test ID Bhoji bajaj

Type of test	☑ CBNAAT	☐ True Nat		
Sample	☑ A	☐ B		
M. Tuberculosis	☐ Detected	☑ Not Detected	☐ N/A	
Rif Resistance	☐ Detected	☐ Not Detected	☐ Indeterminate	☐ N/A
Test	☐ No Result	☐ Invalid	☐ Error – Error Code	(Please arrange for fresh sample)

Date tested: 26/5/… **Date Reported:** 26/5/… **Reported by:** R
Laboratory Name: (Name and Signature)

Culture (☐ LJ ☐ LC)

Lab Sr. No	Negative	Positive	NTM (write species)	Contamination

Date Result: ______ **Date Reported:** ______ **Reported by:** ______
Laboratory Name: (Name and Signature)

First line LPA Lab serial Test ID

☐ Direct ☐ Indirect ☐ Valid ☐ Invalid ☐ MTB detected ☐ MTB not detected

Drug	Resistant detected	Final interpretation	Remark
Rifampicin (R)	☐ Yes ☐ Inferred ☐ No	If yes or inferred, R should not be given	
Isoniazid (Kat G)	☐ Yes ☐ Inferred ☐ No	If yes or inferred, H(h) should not be given	
Isoniazid (inh A)	☐ Yes ☐ Inferred ☐ No	If yes or inferred, H(h) can be considered & Eto should not be given	

Date Result: ______ **Date Reported:** ______ **Reported by:** ______
Laboratory Name: (Name and Signature)

Second line LPA Lab serial Test ID

☐ Direct ☐ Indirect ☐ Valid ☐ Invalid ☐ MTB detected ☐ MTB not detected

Drug	Resistant detected	Final interpretation	Remark
Levofloxacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Lfx should not be given, Mfx (h) can be considered	
Moxifloxacin (h)	☐ Yes ☐ No	If yes, Lfx & Mfx (h) should not be given	
Amikacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Am should not be given	
Kanamycin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Km should not be given	
Capreomycin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Cm should not be given	

Date Result: ______ **Date Reported:** ______ **Reported by:** ______
Laboratory Name: (Name and Signature)

Date Result: ______ **Date Reported:** ______ **Reported by:** ______
Laboratory Name: (Name and Signature)

Drug Susceptibility Test (DST) results

Lab Sr.No	1st line drugs	SLI	FQ	Other

Date Result: ______ **Date Reported:** ______ **Reported by:** ______
Laboratory Name:

R: Resistant S: Susceptible C: Contaminated – Not done (Name and Signature)

Other tests for TB diagnosis Test ID

Test (Please Specify): ______
Result: ______

Date reported: ______ **Reported by:** ______
Laboratory Name: (Name and Signature)

Regional Referral Services Hospital, Amravati

PEDIATRIC ECHOCARDIOGRAPHY REPORT

Patient's Name [illegible] Age : [illegible] Sex : Male/female

Patient OPD /IPD No. [illegible] Ref. Dr.

Profile : Height cm Weight kg BSA m2 Date - [illegible]

[illegible]

Final Diagnosis

SDS

LEVOCARDIA

IAS INTACT

IVS INTACT

CONGFLUENT BRANCH PAs

LEFT ARCH

GOOD BV FUNCTION

NO PAH

NORMAL HEART STUDY

Abdominal Situs : Solitus Cardiac Position : Levocardia

Systemic Veins : Normal Pulmonary Veins : Normal

Atrioventricular connection : Concordant Ventriculoarterial connection : Concordant

Ventricular loop : D-Loop

Atria

Left Atrium : Normal Right Atrium : Normal

Atrioventricular Valves

Mitral Valve : An : mm Normal Tricuspid valve : An : mm Normal

Ventricles

Left Ventricle : Normal Right Ventricle : Normal TAPSE: mm

Septae

Interventricular septum : Intact

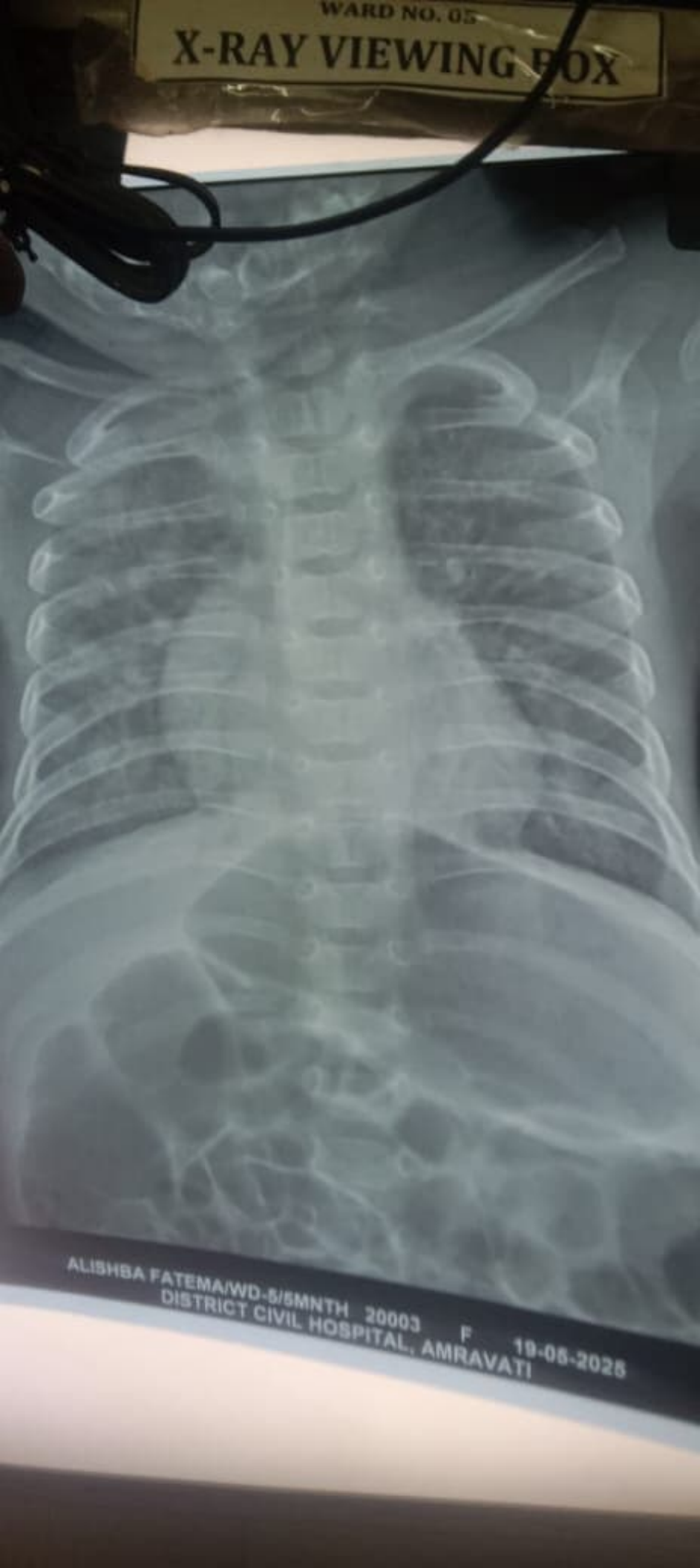
Interatrial septum : Intact

२-४-२०२४-५०,००,०००-पीएस*
[स्था. स्व. वि. क्र. १३९४, दि. १४-११-७७]

नमुना ना. वै. ३ मई. चे अनुपत्र
Continuation Sheet of Form C. M.

नाव
Name

दिनांक Date	व्याधि-विवरण Clinical Notes	
	S/B JR	
	U.S.G. Abdomen Pelvis Liver, C.B.D., P.V., G.B., Spleen, Pancreas, Kidneys — N — Reveals No Significant Abnormality U.B. Distended/E— NAD	
21/5/24 3:22	S/b Ped AS SJ Gen NT HR-122/min RR 32/min CVS S1S2 (N) P/A soft	


WARD NO. 05
X-RAY VIEWING BOX
ALISHBA FATEMA/WD-5/5MNTH 20003 F 19-05-2025
DISTRICT CIVIL HOSPITAL, AMRAVATI