

For BTBRH Use

No Follow-up Required
 FSS Telephone Consultation
 Program Evaluation
 FSS/SES Telephone Conference
 Reevaluation
 Rapid Response Team
 Other Field Investigation (Specify) _____
Remarks _____

What type of contact investigation is planned?(Number of contacts already investigated. Number of contacts that will be investigated)

What type of follow-up are you requesting? (Phone follow-up, Rapid Response Team, Site visit; No follow-up needed)

Field Services Consultant's assessment* (Should BTBRH offer assistance?*BTBRH staff complete this section)

Number of Cases of confirmed TB _____

Number of cases of suspected TB _____

**If drug resistance present, complete the following table:
Place 'x' on appropriate line for each drug**

Susceptibilities	Susceptible	Resistant	Pending	Not tested
INH				
Rifampin				
Ethambutol				
Pyrazinamide				
Streptomycin				
Other				