



Case Verification Report

SSN: - - Reporting Contracted Site: DOB: / /

Name: _____
 Last First Middle
 (initials not acceptable)

Reporting Jurisdiction:
 Date reported: __/__/____
 Date Counted: (DX ATS 3) __/__/____
 New Case Recurrent (>365 days)
 Managing Jurisdiction:
Date of Onset of symptoms: __/__/____

Targeted Testing:
 Administrative, not at risk for TB
 Individual
 Patient referred, TB infection
 Project
Respiratory isolation indicated: Yes No
 If yes, Date placed in respiratory isolation: __/__/____

Case Criteria: (select one verification only)
 Case Verification - Positive Culture
 • Criteria met for clinical case by lab confirmation - Positive Culture
 Case Verification - NAA (NAAT)
 • Criteria met for clinical case by lab confirmation - NAA (NAAT)
 Case Verification - Positive Smear/tissue
 • Positive pathology/cytology (or)
 • Positive smear/culture not done
Clinical Case Definition (Pulmonary)
 Case Verification - Clinical case definition
 • Criteria met for clinical case definition - At least 2 anti-TB medications (and) Positive TST/IGRA and abnormal chest x-ray or CT Scan
Clinical Case Definition (Extra-pulmonary)
 Case Verification - Clinical case definition
 • Criteria met for clinical case definition
 o At least 2 anti-TB medication (and)
 o Positive TST/IGRA and signs/symptoms
Clinical case by Provider Diagnosis
 Case Verification - Verified by provider diagnosis
 • Criteria met for clinical case by provider diagnosis
 o Autopsy report
 o Child recent contact to active case
 o Considerable clinical improvement based on symptoms from onset after started on at least 2 anti-TB meds
 o Not done or negative TST and considerable improvement on abnormal CXR
 o TB expert consult

Resident of: (select one only)
 homeless shelter at time of diagnosis
 correctional facility at time of diagnosis
 If yes, incarceration date: __/__/____
If type of correctional facility is "other", enter one of the following choices in the free-text box:
 • ICE; If yes, Under custody of Immigration and Customs Enforcement? Yes No
 • Indian reservation
 • Military
 • Federal park police
 • Police lock-ups
 • Private
 long-term care at time of diagnosis
Other special populations:
 Colonia
 Displaced citizen
 School dorm
 Unaccompanied alien child/minor (UAC)
 Binational
 • Counted border crosser or transnational (or)
 • Contacts
Prior treatment or therapy:
 All prior events adequately closed
M. Bovis Status:
M. Bovis *M. Bovis* (BCG)
Drug Resistance Profile:
 Mono INH Mono-RIF Mono-PZA MDR
 Pre-XDR XDR-evaluable Other Resistance
Consult: Required Yes No
Comments:

Chest X-ray Date: __/__/____
Chest CT Scan Date: __/__/____
Incident Report: Yes No
Adverse Drug Event: Yes No

Contact investigation Priority:
 High Medium Low
Was CI indicated?: Yes No
Media involvement: Yes No