BTS MDR-TB Clinical Advice Service
Sheet B: Clinical Information

Items in grey are dependent questions – please only answer if directed to.

This sheet provides details of the clinical information questions in the BTS MDR-TB Clinical Advice Service (CAS). This form is intended as a summary of those questions only – if you would like to post a case to the MDR-TB CAS please visit http://mdrtb.brit-thoracic.org.uk

Date patient first came to your clinic:	
1a	Which of the following categories does this case fall into: ☐ XDR-TB ☐ Drug resistant non-MDR TB ☐ NTM (see 20-23 only) ☐ MDR-TB ☐ Complex sensitive TB ☐ Other (see 1b and 20-23 only) ☐ Suspected MDR-TB ☐ Other complex TB (see 20-23 only) ☐ Unknown (see 1b and 20-23 only)
1b	If 'Other' or 'Unknown' please describe:
2a	Symptoms since onset: ☐ Breathlessness ☐ Haemoptysis ☐ Producing sputum ☐ Other (see question 2b) ☐ Cough ☐ Loss of appetite ☐ Weight loss ☐ Fatigue ☐ Lymph node swelling ☐ None ☐ Fever ☐ Night sweats ☐ Not known
2b	If 'Other' or 'Unknown' please describe:
2c	Symptom duration (days):
3	Site of disease (please select all that apply): ☐ Pulmonary – *Q3a-b* ☐ Extra-thoracic lymph nodes *Q3h* ☐ Pleural *Q3n* ☐ Bone/joint – spine *Q3c* ☐ Intra-thoracic lymph nodes *Q3i* ☐ Unknown extra-pulmonary *Q3o* ☐ Bone/joint – other *Q3d* ☐ Gastrointestinal/peritoneal *Q3j* ☐ Other extra-pulmonary *Q3p* ☐ CNS – meningitis *Q3e* ☐ Genitourinary *Q3k* ☐ Unknown *Q3q* ☐ CNS – other *Q3f* ☐ Laryngeal *Q3l* ☐ Cryptic disseminated *Q3g* ☐ Miliary *Q3m*
3a	**Pulmonary** ☐ Cavitary ☐ Non-cavitary ☐ Unknown
3b	**Pulmonary** Further information:
3c	**Bone/joint – spine** Further information:
3d	**Bone/joint – other** Further information:
3e	**CNS – meningitis** Further information:
3f	**CNS – other** Further information:
3g	**Cryptic disseminated** Further information:
3h	**Extra-thoracic lymph nodes** Further information:
3i	**Intra-thoracic lymph nodes** Further information:
3j	**Gastrointestinal/peritoneal** Further information:
3k	**Genitourinary** Further information:
3l	**Laryngeal** Further information:
3m	**Miliary** Further information:
3n	**Pleural** Further information:
3o	**Unknown extra-pulmonary** Further information:
3p	**Other extra-pulmonary** Further information:
3q	**Unknown** Further information:
4a	Most recent sputum smear: ☐ Positive (see question 4b and c) ☐ Negative ☐ Unknown ☐ Awaiting ☐ Non-productive ☐ Not done ☐ Not applicable

If you have any questions please contact: mdrtb@brit-thoracic.org.uk

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4b	Time until culture positive (days):		
4c	Date of most recent sputum smear (if applicable): / /		
5a	Other site of smear: ☐ Bronchoalveolar lavage/ endobronchial washing ☐ EUS ☐ EBUS ☐ Tracheal aspirate ☐ Oropharyngeal aspirate ☐ Cerebrospinal fluid ☐ Gastric lavage ☐ Lymph node aspirate ☐ Pericardial fluid ☐ ☐ Other (see question 5b)		
5b	If 'Other' please provide details:		
6a	Date of start of any TB treatment: DD/ MM / YYYY	6b	Date of start of MDR-TB regime: DD/ MM / YYYY
7	Drugs received by patient so far in current episode (For each selected please fill in the questions numbered in italics. More than one session of treatment with each drug may be added to the BTS MDR-TB Clinical Advice Service site.): **Commonly used** ☐ Rifampicin (R) *Q7a* ☐ Isoniazid (H) *Q7b* ☐ Pyrazinamide (Z) *Q7c* ☐ Ethambutol (E) *Q7d* **1 – First line oral** ☐ Rifabutin (Rb) *Q7e* ☐ Rifapentine (Rpt) *Q7f* **2 – Fluoroquinolones** ☐ Levofloxacin (Lfx) *Q7g* ☐ Moxifloxacin (Mfx) *Q7h* ☐ Gatifloxacin (Gfx) *Q7i* **3 –Injectables** ☐ Amikacin (Am) *75j* ☐ Capreomycin (Cm) *Q7k* ☐ Kanamycin (Km) *Q7l* ☐ Streptomycin (S) *Q7m* **4 – Other core second line** ☐ Ethionamide (Eto) *Q7n* ☐ Prothionamide (Pto) *Q7o* ☐ Cycloserine (Cs) *Q7p* ☐ Linezolid (Lzd) *Q7q* ☐ Clofazimine (Cfz) *Q7r* ☐ Terizidone (Trd) *Q7s* **5 – Add on agents** ☐ High-dose isoniazid (High dose H) *Q7t* ☐ Bedaquiline (Bdq) *Q7u* ☐ Delamanid (Dlm) *Q7v* ☐ *p*-aminosalicylic acid (PAS) *Q7w* ☐ Imipenem/Cilastatin (Ipm/Cln) *Q7x* ☐ Meropenem (Mpm) *Q7y* ☐ Amoxicilin/Clavulanate (Amx/Clv) *Q7z* ☐ Thioacetazone (T) *Q7aa*		
7a-1	**Rifampicin (R)** Date this treatment commenced: DD/ MM / YYYY	7a-2	If no longer in use, date ceased: DD/ MM / YYYY
7a-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Renal reaction ☐ Further information/Other	7a-4	If Further information/Other:
		7a-5	If hepatitis please give ALT value:
		7a-6	If hepatitis please give results of bilirubin test:
		7a-7	If hepatitis please give any other relevant information:
7b-1	**Isoniazid (H)** Date this treatment commenced: DD/ MM / YYYY	7b-2	If no longer in use, date ceased: DD/ MM / YYYY
7b-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Further information/Other	7b-4	If Further information/Other:
		7b-5	If hepatitis please give ALT value:
		7b-6	If hepatitis please give results of bilirubin test:
		7b-7	If hepatitis please give any other relevant information:
7c-1	**Pyrazinamide (Z)** Date this treatment commenced: DD/ MM / YYYY	7c-2	If no longer in use, date ceased: DD/ MM / YYYY
7c-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction	7c-4	If Further information/Other:

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	☐ Arthralgia ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Hyperuricaemia ☐ Further information/Other	7c-5	If hepatitis please give ALT value:
		7c-6	If hepatitis please give results of bilirubin test:
		7c-7	If hepatitis please give any other relevant information:
7d-1	**Ethambutol (E)** Date this treatment commenced: DD / MM / YYYY	7d-2	If no longer in use, date ceased: DD / MM / YYYY
7d-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Ophthalmic reaction ☐ Further information/Other	7d-4	If Further information/Other:
7e-1	**Rifabutin (Rb)** Date this treatment commenced: DD / MM / YYYY	7e-2	If no longer in use, date ceased: DD / MM / YYYY
7e-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Ophthalmic reaction ☐ Further information/Other	7e-4	If Further information/Other:
		7e-5	If hepatitis please give ALT value:
		7e-6	If hepatitis please give results of bilirubin test:
		7e-7	If hepatitis please give any other relevant information:
7f-1	**Rifapentine (Rpt)** Date this treatment commenced: DD / MM / YYYY	7f-2	If no longer in use, date ceased: DD / MM / YYYY
7f-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Renal reaction ☐ Further information/Other	7f-4	If Further information/Other:
		7f-5	If hepatitis please give ALT value:
		7f-6	If hepatitis please give results of bilirubin test:
		7f-7	If hepatitis please give any other relevant information:
7g-1	**Levofloxacin (Lfx)** Date this treatment commenced: DD / MM / YYYY	7g-2	If no longer in use, date ceased: DD / MM / YYYY
7g-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematologic reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7g-4	If Further information/Other:
		7g-5	If hepatitis please give ALT value:
		7g-6	If hepatitis please give results of bilirubin test:
		7g-7	If hepatitis please give any other relevant information:

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7h-1	**Moxifloxacin (Mfx)** Date this treatment commenced: DD / MM / YYYY	7h-2	If no longer in use, date ceased: DD / MM / YYYY
7h-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Renal reaction ☐ Respiratory reaction ☐ Further information/Other	7h-4	If Further information/Other:
		7h-5	If hepatitis please give ALT value:
		7h-6	If hepatitis please give results of bilirubin test:
		7h-7	If hepatitis please give any other relevant information:
7i-1	**Gatifloxacin (Gfx)** Date this treatment commenced: DD / MM / YYYY	7i-2	If no longer in use, date ceased: DD / MM / YYYY
7i-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Further information/Other	7i-4	If Further information/Other:
7j-1	**Amikacin (Am)** Date this treatment commenced: DD / MM / YYYY	7j-2	If no longer in use, date ceased: DD / MM / YYYY
7j-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7j-4	If Further information/Other:
7k-1	**Capreomycin (Cm)** Date this treatment commenced: DD / MM / YYYY	7k-2	If no longer in use, date ceased: DD / MM / YYYY
7k-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7k-4	If Further information/Other:
		7k-5	If hepatitis please give ALT value:
		7k-6	If hepatitis please give results of bilirubin test:
		7k-7	If hepatitis please give any other relevant information:
7l-1	**Kanamycin (Km)** Date this treatment commenced: DD / MM / YYYY	7l-2	If no longer in use, date ceased: DD / MM / YYYY
7l-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Further information/Other	7l-4	If Further information/Other:
7m-1	**Streptomycin (S)** Date this treatment commenced: DD / MM / YYYY	7m-2	If no longer in use, date ceased: DD / MM / YYYY

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7m-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Audiological reaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Haematological reaction ☐ Immunological reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7m-4	If Further information/Other:
7n-1	**Ethionamide (Eto)** Date this treatment commenced: DD / MM / YYYY	7n-2	If no longer in use, date ceased: DD / MM / YYYY
7n-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7n-4	If Further information/Other:
		7n-5	If hepatitis please give ALT value:
		7n-6	If hepatitis please give results of bilirubin test:
		7n-7	If hepatitis please give any other relevant information:
7o-1	**Prothionamide (Pto)** Date this treatment commenced: DD / MM / YYYY	7o-2	If no longer in use, date ceased: DD / MM / YYYY
7o-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7o-4	If Further information/Other:
		7o-5	If hepatitis please give ALT value:
		7o-6	If hepatitis please give results of bilirubin test:
		7o-7	If hepatitis please give any other relevant information:
7p-1	**Cycloserine (Cs)** Date this treatment commenced: DD / MM / YYYY	7p-2	If no longer in use, date ceased: DD / MM / YYYY
7p-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Further information/Other	7p-4	If Further information/Other:
7q-1	**Linezolid (Lzd)** Date this treatment commenced: DD / MM / YYYY	7q-2	If no longer in use, date ceased: DD / MM / YYYY
7q-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction	7q-4	If Further information/Other:

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	☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Infective reaction ☐ Metabolic reaction ☐ Neurological reaction ☐ Ophthalmic reaction ☐ Further information/Other	7q-5	If hepatitis please give ALT value:
		7q-6	If hepatitis please give results of bilirubin test:
		7q-7	If hepatitis please give any other relevant information:
7r-1	**Clofazimine (Cfz)** Date this treatment commenced: DD / MM / YYYY	7r-2	If no longer in use, date ceased: DD / MM / YYYY
7r-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Ophthalmic reaction ☐ Psychiatric reaction ☐ Further information/Other	7r-4	If Further information/Other:
7s-1	**Terizidone (Trd)** Date this treatment commenced: DD / MM / YYYY	7s-2	If no longer in use, date ceased: DD / MM / YYYY
7s-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Further information/Other	7s-4	If Further information/Other:
7t-1	**High-dose isoniazid (High dose H)** Date this treatment commenced: DD / MM / YYYY	7t-2	If no longer in use, date ceased: DD / MM / YYYY
7t-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Musculoskeletal reaction ☐ Neurological reaction ☐ Further information/Other	7t-4	If Further information/Other:
		7t-5	If hepatitis please give ALT value:
		7t-6	If hepatitis please give results of bilirubin test:
		7t-7	If hepatitis please give any other relevant information:
7u-1	**Bedaquiline (Bdq)** Date this treatment commenced: DD / MM / YYYY	7u-2	If no longer in use, date ceased: DD / MM / YYYY
7u-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Arthralgia ☐ Cardiovascular reaction ☐ Chest pain ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Respiratory reaction ☐ Further information/Other	7u-4	If Further information/Other:
		7u-5	If hepatitis please give ALT value:
		7u-6	If hepatitis please give results of bilirubin test:
		7u-7	If hepatitis please give any other relevant information:

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7v-1	**Delamanid (Dlm)** Date this treatment commenced: DD / MM / YYYY	7v-2	If no longer in use, date ceased: DD / MM / YYYY
7v-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Cardiovascular reaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Low albumin ☐ Metabolic reaction ☐ Neurological reaction ☐ Psychiatric reaction ☐ Respiratory reaction ☐ Further information/Other	7v-4	If Further information/Other:
		7v-5	If hepatitis please give ALT value:
		7v-6	If hepatitis please give results of bilirubin test:
		7v-7	If hepatitis please give any other relevant information:
7w-1	***p*-aminosalicylic acid (PAS)** Date this treatment commenced: DD / MM / YYYY	7w-2	If no longer in use, date ceased: DD / MM / YYYY
7w-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Endocrine reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Metabolic reaction ☐ Further information/Other	7w-4	If Further information/Other:
		7w-5	If hepatitis please give ALT value:
		7w-6	If hepatitis please give results of bilirubin test:
		7w-7	If hepatitis please give any other relevant information:
7x-1	**Imipenem/Cilastatin (Ipm/Cln)** Date this treatment commenced: DD / MM / YYYY	7x-2	If no longer in use, date ceased: DD / MM / YYYY
7x-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Infective reaction ☐ Neurological reaction ☐ Renal reaction ☐ Further information/Other	7x-4	If Further information/Other:
		7x-5	If hepatitis please give ALT value:
		7x-6	If hepatitis please give results of bilirubin test:
		7x-7	If hepatitis please give any other relevant information:
7y-1	**Meropenem (Mpm)** Date this treatment commenced: DD / MM / YYYY	7y-2	If no longer in use, date ceased: DD / MM / YYYY
7y-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Immunological reaction	7y-4	If Further information/Other:
		7y-5	If hepatitis please give ALT value:
		7y-6	If hepatitis please give results of bilirubin test:

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	☐ Infective reaction ☐ Neurological reaction ☐ Further information/Other	7y-7	If hepatitis please give any other relevant information:
7z-1	**Amoxicilin/Clavulanate (Amx/Clv)** Date this treatment commenced: DD / MM / YYYY	7z-2	If no longer in use, date ceased: DD / MM / YYYY
7z-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Hepatic reaction ☐ Immunological reaction ☐ Infective reaction ☐ Further information/Other	7z-4	If Further information/Other:
		7z-5	If hepatitis please give ALT value:
		7z-6	If hepatitis please give results of bilirubin test:
		7z-7	If hepatitis please give any other relevant information:
7aa-1	**Thioacetazone (T)** Date this treatment commenced: DD / MM / YYYY	7aa-2	If no longer in use, date ceased: DD / MM / YYYY
7aa-3	Reason for ceasing treatment (if applicable): ☐ New sensitivity ☐ Potential/actual drug interaction ☐ Dermatological reaction ☐ Gastrointestinal reaction ☐ Haematological reaction ☐ Hepatic reaction ☐ Neurological reaction ☐ Further information/Other	7aa-4	If Further information/Other:
		7aa-5	If hepatitis please give ALT value:
		7aa-6	If hepatitis please give results of bilirubin test:
		7aa-7	If hepatitis please give any other relevant information:
8a	Was treatment directly observed? ☐ Yes - DOT ☐ Yes - VOT ☐ No ☐ Unknown		
8b	Please provide any further information regarding how treatment was observed:		
9a	Is this patient HIV positive? ☐ Yes (see question 9b) ☐ No ☐ Unknown		
9b	If 'Yes', which of the following HIV drugs is this patient being treated with? Please select all that apply ☐ Abacavir ☐ Atazanavir ☐ Cobicistat (with ATV or DRV) ☐ Darunavir ☐ Delavirdine ☐ Didanosine (ddI) ☐ Dolutegravir ☐ Efavirenz ☐ Elvitegravir/Cobi/FTC/TAF ☐ Elvitegravir/Cobi/FTC/TDF ☐ Emtricitabine (FTC) ☐ Emtricitabine/TAF ☐ Etravirine ☐ Fosamprenavir ☐ Indinavir ☐ Lamivudine (3TC) ☐ Lopinavir ☐ Maraviroc ☐ Nelfinavir ☐ Nevirapine ☐ Raltegravir ☐ Rilpivirine ☐ Rilpivirine/FTC/TAF ☐ Ritonavir ☐ Saquinavir ☐ Stavudine (d4T) ☐ Tenofovir alafenamide (TAF) ☐ Tenofovir-DF ☐ Tipranavir ☐ Zidovudine (AZT/ZDV)		
10	Other relevant drug history (if applicable):		
11	**Local** PCR/Gene Xpert results (if available): ☐ MTB – Yes ☐ MTB – No ☐ Rifampicin resistant – Yes ☐ Rifampicin resistant - No		
12	Has a sample been sent to the PHE Reference Laboratories for sensitivity testing? ☐ Yes ☐ No ☐ Unknown		

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13 Known phenotypic drug resistance of patient:

	Resistant	Sensitive	Unknown
Commonly used			
Rifampicin (R)	☐	☐	☐
Isoniazid (H)	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐
Ethambutol (E)	☐	☐	☐
1 – First line oral			
Rifabutin (Rb)	☐	☐	☐
Rifapentine (Rpt)	☐	☐	☐
2 – Fluoroquinolones			
Levofloxacin (Lfx)	☐	☐	☐
Moxifloxacin (Mfx)	☐	☐	☐
Gatifloxacin (Gfx)	☐	☐	☐
3 –Injectables			
Amikacin (Am)	☐	☐	☐
Capreomycin (Cm)	☐	☐	☐
Kanamycin (Km)	☐	☐	☐
Streptomycin (S)	☐	☐	☐

	Resistant	Sensitive	Unknown
4 – Other core 2nd line			
Ethionamide (Eto)	☐	☐	☐
Prothionamide (Pto)	☐	☐	☐
Cycloserine (Cs)	☐	☐	☐
Linezolid (Lzd)	☐	☐	☐
Clofazimine (Cfz)	☐	☐	☐
Terizidone (Trd)	☐	☐	☐
5 – Add on agents			
High-dose isoniazid	☐	☐	☐
Bedaquiline (Bdq)	☐	☐	☐
Delamanid (Dlm)	☐	☐	☐
p-aminosalicylic acid (PAS)	☐	☐	☐
Imipenem/Cilastatin (Ipm/Cln)	☐	☐	☐
Meropenem (Mpm)	☐	☐	☐
Amoxicilin/Clavulanate (Amx/Clv	☐	☐	☐
Thioacetazone (T)	☐	☐	☐

14 Please enter any key findings from investigations to date (if not covered above):

15a Has the patient previously been diagnosed with any of the following (prior to this episode)? Please select all that apply:
☐ Latent TB *(See Q15b)* ☐ Active TB (*See Q15c and d*) ☐ Unknown

15b Has the patient previously been treated for latent TB? If so, please provide details:

15c Has the patient previously been treated for active TB? If so, please provide details:

15d If the resistance pattern of the active TB was known, please provide details:

	Resistant	Sensitive	Not available
Commonly used			
Rifampicin (R)	☐	☐	☐
Isoniazid (H)	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐
Ethambutol (E)	☐	☐	☐
1 – First line oral			
Rifabutin (Rb)	☐	☐	☐
Rifapentine (Rpt)	☐	☐	☐
2 – Fluoroquinolones			
Levofloxacin (Lfx)	☐	☐	☐
Moxifloxacin (Mfx)	☐	☐	☐
Gatifloxacin (Gfx)	☐	☐	☐
3 –Injectables			
Amikacin (Am)	☐	☐	☐
Capreomycin (Cm)	☐	☐	☐
Kanamycin (Km)	☐	☐	☐
Streptomycin (S)	☐	☐	☐

	Resistant	Sensitive	Not available
4 – Other core 2nd line			
Ethionamide (Eto)	☐	☐	☐
Prothionamide (Pto)	☐	☐	☐
Cycloserine (Cs)	☐	☐	☐
Linezolid (Lzd)	☐	☐	☐
Clofazimine (Cfz)	☐	☐	☐
Terizidone (Trd)	☐	☐	☐
5 – Add on agents			
High-dose isoniazid	☐	☐	☐
Bedaquiline (Bdq)	☐	☐	☐
Delamanid (Dlm)	☐	☐	☐
p-aminosalicylic acid (PAS)	☐	☐	☐
Imipenem/Cilastatin (Ipm/Cln)	☐	☐	☐
Meropenem (Mpm)	☐	☐	☐
Amoxicilin/Clavulanate (Amx/Clv	☐	☐	☐
Thioacetazone (T)	☐	☐	☐

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Items in grey are dependent questions – please only answer if directed to.

16	Does the patient have any relevant allergies? If so please give details.
17a	Known contact with MDR-TB case? ☐ Yes (see question 17b) ☐ No
17b	Is source case sensitivity known? ☐ Yes – source case has known resistance (see question 17c) ☐ No – source case resistance unknown
17c	Known drug resistance of source case:

	Resistant	Sensitive	Not available
Commonly used			
Rifampicin (R)	☐	☐	☐
Isoniazid (H)	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐
Ethambutol (E)	☐	☐	☐
1 – First line oral			
Rifabutin (Rb)	☐	☐	☐
Rifapentine (Rpt)	☐	☐	☐
2 – Fluoroquinolones			
Levofloxacin (Lfx)	☐	☐	☐
Moxifloxacin (Mfx)	☐	☐	☐
Gatifloxacin (Gfx)	☐	☐	☐
3 –Injectables			
Amikacin (Am)	☐	☐	☐
Capreomycin (Cm)	☐	☐	☐
Kanamycin (Km)	☐	☐	☐
Streptomycin (S)	☐	☐	☐

	Resistant	Sensitive	Not available
4 – Other core 2nd line			
Ethionamide (Eto)	☐	☐	☐
Prothionamide (Pto)	☐	☐	☐
Cycloserine (Cs)	☐	☐	☐
Linezolid (Lzd)	☐	☐	☐
Clofazimine (Cfz)	☐	☐	☐
Terizidone (Trd)	☐	☐	☐
5 – Add on agents			
High-dose isoniazid	☐	☐	☐
Bedaquiline (Bdq)	☐	☐	☐
Delamanid (Dlm)	☐	☐	☐
p-aminosalicylic acid (PAS)	☐	☐	☐
Imipenem/Cilastatin (Ipm/Cln)	☐	☐	☐
Meropenem (Mpm)	☐	☐	☐
Amoxicilin/Clavulanate (Amx/Clv	☐	☐	☐
Thioacetazone (T)	☐	☐	☐

18	Please provide any other appropriate information:
19a	Does the patient have any contacts who may need to be approached? ☐ Yes (see questions 19b to 19h) ☐ No ☐ Unknown
19b	Number of cohabitants – adult:
19c	Number of cohabitants – children:
19d	Work contacts – adult:
19e	Work contacts (including children if working in a crèche, etc.) – children:
19f	Other – adult:
19g	Other – children:
19h	Please give any further information:
20	Please provide a brief overview of symptoms to date:

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Items in grey are dependent questions – please only answer if directed to.

21	Please provide a brief overview of treatment history to date:
22	Please provide details of known sensitivities/resistance pattern:
23	Please provide any other key findings from investigations to date: