



REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME, LUCKNOW

PRIVATE SECTOR NOTIFICATION FORM

NAME OF TU

NAME OF HEALTH FACILITY NIKSHAY REGN. No.

PATIENT DETAIL

FIRST NAME SURNAME AGE YRS

FATHER/HUSBAND NAME MALE FEMALE TRANSGENDER

MOBILE No.

ADDRESS : MOHALLA/VILLAGE

BLOCK DISTRICT PIN CODE

EMERGENCY CONTACT PERSON NAME

MOBILE No.

TEST

NAME OF LABORATORY

DIAG. OF DST FOLLOWUP OF DST (SMEAR) DIAG. OF DRBT FOLLOWUP DRBT (SMEAR & CULTURE)

REASON FOR TEST

COUGH FEVER WEIGHT LOSS NIGHT SWEAT EXTRA PULMONARY BLOOD IN SEPTUM

TYPE OF TEST

MICROSCOPY CBNAAT CULTURE FLINE LPA S LINE LPA DST CHEST X-RAY OTHER

DURATION (DAYS/MONTH) [] HISTORY OF ATT YES / NO

SEPTUM OTHER TEST DATE [/ /] REPORTED DATE [/ /]

PULMONARY EXTRA PULMONARY TREATMENT INITIATION DATE [/ /]

DBT

BANK NAME BRANCH NAME

ACCOUNT NO. IFSC CODE

PASSBOOK PHOTOCOPY COMPULSORY (FIRST PAGE)

PATIENT NIKSHAY ID

SIGNATURE OF HEALTH FACILITY

NAME & SIGN OF STS/STLS/TBHV

DATE :