

TB Contact/Source case investigation (Form: 3)

Clinic no: Case manage Index case Last name: Case manage Other names:		Case manager	Case manager:		Consultant:		Date start treatment:	/	/
				LTBR / ETS no:		DOB: / /	/		
Define investigation:	Date ref	erred to HPU	in institutional setting (* refer HPU)			estigations			
Date 1st assessed: /	/	Assessed by:			Where assessed?				
Infectivity risk assessme	ent - factor	s specific to index	case	Environmen	tal risk assessment	– code by setti	ng and level of expo	sure (e.	g. 1a)
□ PTB sputum smear +ve □ PTB sputum smear -ve □ laryngeal TB □ cavitation on CXR □ sputum culture +ve □ bronchial washings smear +ve □ induced sputum smear +ve □ sputum PCR +ve □ cough on presentation □ MDR-TB □ Sputum smear +ve Last date school/work □ Moverall infectivity risk assessed as − □ High (PTB smear +ve +/- cavitation) Number AFB seen: □ Medium (PTB culture +ve & cough) □ Low (PTB culture -ve/ extra-pulmonary)			ey risk assessed as — ar +ve +/- cavitation) en: culture +ve & cough) ire –ve/ extra-pulmonary)	shared household (tenants) lives alone prison * homeless hostel * health care setting * school (5-16 years) * school (<5 years) * congregate drug use (eg crack, khat)* pub /club * other setting (detail in comments)			gram		
•	1t – (# chi	Idren < 5 years of	age, immuno-compromising	illness, immuno	-suppressing treatmer	nt)			
Name: Address: Tel: GP Hospital No		Relationship to index: Date last contact: Contact risk code Date referred: Date screened:							
GP			Date screened:						
GP			Date screened:		Sex: M□ F□	Outcome:			
GP_ Hospital No Name:					Sex: M□ F□	Outcome:			



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Name: Address: Tel: GP Hospital No Name: Address:	DOB: Relationship to index: Date last contact: Contact risk code Date referred: Date screened: DOB: Relationship to index: Date last contact:	Sex: M□ F□	Outcome:
Tel:	Contact risk code Date referred:		
GPHospital No	Date screened:		
1103pital NO			
Name:Address:	DOB: Relationship to index:		Outcome:
	Date last contact: Contact risk code		
Tel:	Date referred:		
GP	Date screened:		
sp.tal No			
Name: Address:	DOB: Relationship to index: Date last contact: Contact risk code		Outcome:
Tel:	Date referred:		
GP	Date screened:		
Name:Address:	DOB:		Outcome:
	Relationship to index:		
Tal	Contact risk code		
Tel: GP	Date referred:		
Hospital No	Date screened:		



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Address:	Contact risk code Date referred:		Outcome:			
Comments:		Audit				
** Initiate FORM 1 for all contacts		Total no. of contacts identified: I No. contacts screened J No. non-attendees K No. contacts Mantoux / IGT +ve L No. contacts commenced on pre M No. contacts commenced on TE N All high risk contacts seen with	eventive Rx			
nitial assessment by (Name):			Date:			
Signature:		Designation:	ate.			

Source:

Pam Tsangarides, Hillingdon Hospital NHS Foundation Trust and Find and Treat Team, University College London Hospitals