

LATENT TUBERCULOSIS INFECTION: FINAL

Only complete LATENT TUBERCULOSIS INFECTION: FINAL, if patient started LTBI therapy.

LTBI Therapy Reporting

Therapy Stop Date Month Day Year
_____/_____/_____

Reason LTBI Therapy Stopped *(select one)*

- Completed Treatment
- Not LTBI (Clinician Decision)
- Patient Choice
- Lost to Follow Up
- Pregnancy
- Severe Adverse Event
- Developed TB
- Other *(specify)* _____

Treatment Administrative Type *(select all that apply)*

- DOT (Directly observed therapy, in person)
- eDOT (Electronic DOT)
- SAT (Self Administered)

If treatment was stopped due to adverse event from LTBI treatment, indicate the severity. *(select one)*

- Hospitalized
- Died
- Other (not hospitalized, not deceased)

Comments:

End of LATENT TUBERCULOSIS INFECTION: FINAL