LATENT TUBERCULOSIS INFECTION: FINAL

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

LTBI Therapy Reporting

Therapy Stop Date

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
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Reason LTBI Therapy Stopped

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

Treatment Administrative Type

- [ ] 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:

________________________________________________________________________
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________________________________________________________________________

End of LATENT TUBERCULOSIS INFECTION: FINAL