

Presumptive TB Register (Specimen)*

Annexure III

Date Referred for Sputum Examination	TB Suspect No.	Name in Full	Sex	Age	Complete Address	Contact Number	Date Results Received	Result of Examination			X-ray Requested Result	GeneXpert Requested Result	Diagnosis	Action taken **
								1	2	3				

* Tobe used a suitable book based on this specimen

* Action Taken: DTB No, Referred to Medical Clinic, referred to CRP, Referred to DCC, Send for Culture.