

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Quarterly Report of Sputum Conversion of
New and Retreatment cases Registered 4-6 Months Earlier

Patients Registered during _____ quarter of 200____.

Name of area: _____.
 No. _____

Name of reporter: _____

Signature: _____

Date of completion of this form:

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Complete this proforma for sputum smear-positive patients. The total no should be the same as in the Quarterly Report on New and Retreatment Cases of Tuberculosis.

Total no. of New Sputum – Positive Patients	Sputum at the end of IP (2 months)			Sputum at the end of extended IP (3 months)		
	Negative	Positive	N.A.	Negative	Positive	N.A.

Total no. of Sputum Positive Cat II Retreatment Patients (excluding 'Others')	Sputum at the end of IP (3 months)		
	Negative	Positive	N.A.

N.A.: Not available. Sputum Examination was not done.