|  |  |
| --- | --- |
| **Instruction**: This form must be completed within one week of retreatment that **occurs within 5 years of starting the latest TB treatment episode. a** Send the completed form to the Service Statistics Unit by fax. | Attach the patient’s gum label here including HKID number |

1. Updated treatment outcome status of the last MDR-TB treatment episode according to WHO definitions b (Circle one of the following):
2. Re-treatment after relapse: These patients have previously been treated for TB. They were declared “cured” or “treatment completed” at the end of their most recent treatment course, and are now diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection).
3. Re-treatment after failure: These patients have previously been treated for TB and whose treatment failed at the end of their most recent course of treatment.
4. Re-treatment after loss to follow-up: Previously known as re-treatment after default, these patients have previously been treated for TB and were declared lost to follow-up at the end of their most recent course of treatment.
5. Re-treatment with previously unknown outcome: These patients have previously been treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented.
6. Date of restarting treatment (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. DOS of last episode of MDR-TB treatment (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_