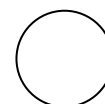


MEMO



From
Ref. in
Tel. No.
Fax. No.
Date

To Consultant Chest Physician i/c
(Attn.: Statistics Unit, Wanchai Chest Clinic)
Your Ref. in
dated Fax. No. 28346627
Total Pages

Notification of case to MDR-TB Registry at Wanchai Chest Clinic

I would like to notify a case of Multidrug-resistant TB as follows:

Name:

Sex: M⁰ / F¹

DOB (dd/mm/yyyy): / /

HKID / Passport / Travel document number *:

Ethnicity: Chinese / Asians (pl specify: _____) / Others: _____

Residence: Permanent / New immigrant (in HK < 7 yrs) / Imported worker/ Tourist (2-way permit / other*) /
Illegal immigrant / unknown

Chest clinic / Hospital admission / HA clinic number *:

Site of MDRTB : Pulmonary¹ / Extrapulmonary (EP)² / Both³ (Specify EP site: _____)

Pretreatment ST pattern:

	(S) ⁰	(R) ¹		(S) ⁰	(R) ¹
H (Isoniazid)	<input type="checkbox"/>	<input type="checkbox"/>	E (Ethambutol)	<input type="checkbox"/>	<input type="checkbox"/>
R (Rifampicin)	<input type="checkbox"/>	<input type="checkbox"/>	S (Streptomycin)	<input type="checkbox"/>	<input type="checkbox"/>

HIV status: -ve⁰ / +ve¹ / not checked⁹ / status cannot be disclosed

Past TB Rx >=1 month prior to development of MDRTB N⁰ / Y¹ / unknown⁹

Date of start of second line treatment: / /

Case referred to Chest Clinic (name):
(if applicable): Grantham / Kowloon / Other Chest Hospital:
Others:

Remarks:

Signature:

Name of doctor:

* Delete as appropriate

Note :

1. Please enclose a copy of the laboratory sensitivity report.

2 A copy of this form should preferably be filed in the patient's medical record for future reference.

MDR_Noti_Form0709