Appendix SUR II

RVCT Forms with Field Names

The RVCT Forms with Field Names Appendix matches the individual data points on the standard Report of Verified Case of Tuberculosis (RVCT) forms to their field name in the TIMS database.

This appendix also provides information about calculated and additional variables, unknown and partial dates, and identifies which TIMS surveillance fields are generated.

Report of Verified Case of Tuberculosis - Page 1

Patient's Name: (Last) (First) (M.I.)

Street Address: (Number, Street, City, State) Zip Code

REPORT OF VERIFIED CASE OF TUBERCULOSIS

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GEORGIA 30333

CDC Centers for Disease Control and Prevention

REPORT OF VERIFIED CASE OF TUBERCULOSIS

Date 09/30/2005

SOUNDEX

1. State Reporting: Specify: Alpha State Code

2. State Case Number: City/County Case Number:

3. Date Submitted: Mo. Day Yr. By:

4. Address fo City Within City Limits 1 Yes 2 No County Zip Code

5. Month-Year Reported:

6. Month-Year Counted:

7. Date of Birth:

8. Sex:

9. Ethnicity: (Select one)

10. Race: (Select one or more) 1 American Indian or Alaska Native 2 Asian Specify (Optional) 3 Black or African American 4 Native Hawaiian or Other Pacific Islander Specify (Optional) 5 White

11. Country of Origin: not U.S., enter co

12. Month-Year Arrived in U.S.: Mo. Yr.

13. Status at Diagnosis of TB:

14. Previous Diagnosis of Tuberculosis: 1 2 Yr. If yes, list year

15. Major Site of Disease: 00 Pulmonary 10 21 22 Lymphatic: Intrathoracic 23 Lymphatic: Other Lymphatic: Unknown Bone and/or Joint 40 Genitourinary 50 Miliary 60 Meningeal 70 Peritone 80 Other* 90 Site not Stated

*If site is "Other", enter anatomic code (see list)

16. Additional Site of Disease: 00 Pulmonary 10 Pleural 21 Lymphatic: Cervical 22 Lymphatic: Intrathoracic 30 Bone and/or Joint 40 Genitourinary Other Unknown 50 Miliary 60 Meningeal 70 Peritoneal 80 Other*

17. Sputum Smear: 1 Done 2 nown

18. Sputum Culture: ne wn

19. Microscopic Exam of Tissue and Other Body Flui If po anato

20. Culture of Tissue and Other Body Fluids: 1 2 If positi anatomic

hest X-Ray: Normal 2 e 9 Unknown

If Abnormal (check one) 1 Noncavitary Not Consistent with TB

22. Tuberculin (Mantoux) Skin Test at Diagn 1 Done 2 Negative 9 Unknown Induration

If Negative, was patient anergic? 1 Yes 2 No

If Abnormal (check one) 1 2

STCASENO
STATE
LOCASENO
CITY
CITYLIMITS
COUNTY
ZIPCODE
ZIPSUFFIX
SOUNDEX
DATESUBM
WORKERID
REPORTDATE
COUNTDATE
BIRTHDATE
SEX
ETHNIC
AMIND
ASIAN
BLACK
NAHAW
WHITE
NAHAWEXT
ASIANEXT
USCITIZEN
NATION
DATEENTEREDUS
DIAGSTATUS
PREVTB
MAJORSITE
MAJOROTHER
PREVYEAR
ADDLSITE
ADDLOTHER
PREVAGAIN
ADDLMORE
MICROANAT1
SPSMEAR
SPCULTURE
MICROEXAM
MICROANAT2
CULTANAT1
CULTOTHER
CULTANAT2
XRAY
ABNORMALITY
INDURATION
TBTEST
XRAYSTATUS
ANERGY

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333. ATTN: PRA (0920-0026). Do not send the completed form to this address.

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

CDC 72.9A REV 01/2003 1st Copy REPORT OF VERIFIED CASE OF TUBERCULOSIS Page 1 of 2

Report of Verified Case of Tuberculosis - Page 2

REPORT OF VERIFIED CASE OF TUBERCULOSIS

REPORT OF VERIFIED CASE OF TUBERCULOSIS

23. HIV Status: 0 Negative 3 Refused 9 Unknown
HIVSTATUS
4 Not Offered
5 Test Done, Results Unknown

24. Homeless Within Past Year: 0 No
HOMELESS

If Positive, Based on: 1 Medical Document Unknown
HIVBASIS

If Positive, List: CDC AIDS Patient Numbe f AIDS Reported before 1993)
HIVCDCNBR
State HIV/AIDS Patient Numbe (If AIDS Reported 1993 or Later)
HIVSTANBR
City/County HIV/AIDS Patient Numbe (If AIDS Reported 1993 or Later)
HIVLOCNBR

25. Resident of Correctional Facility at Time of Diagnosis: 0
CORRECTION
If Yes, 1 Federal Prison 3 Local Jail
CORFACILITY
2 State Prison 4 Juvenile Correctional Facility

26. Resident of Long-Term Care Facility at Time of Diagnosis: 0
LONGTERM
If Yes, 1 Nursing Home 4 Mental Health Residential Facility 6 Other Long-Term Care Facility
2 Hospita Unknown
LONGTERMFACILITY
3 Residen

27. Initial Drug Regime

Isoniazid 0	INITINH	Ethionam	INITETH	Amikacin	INITAM
Rifampin 0	INITRIF	Kanamyci	INITKAN	Rifabutine	INITRIB
Pyrazinamide 0	INITPZA	Cycloseri	INITCYC	Ciprofloxaci	INITCIP
Ethambutol 0	INITEMB	Capreomy	INITCAP	Ofloxacin	INITOFL
Streptomycin 0	INITSM	Para-Ami Salicylic A	INITPAS	Other	INITOTH

28. Date Therapy Started: Mo.
RXDATE

29. Injecting Drug Use Within Past Year: 9 Unknown
INJECT

30. Non-Injecting Drug Use W 0 No
NONINJECT

31. Excess 9 Unknown
ALCOHOL

32. Occupation (Check a months) 1 2 3 M 4 C 5 9 onths
OCCHCW OCCCORR OCCMIG OCCOTHER OCCNOT OCCUNK

Comments:
COMMENTS

CDC 72.9A REV 01/2003 1st Copy REPORT OF VERIFIED CASE OF TUBERCULOSIS Page 2 of 2

Susceptibility Report (Follow Up Report-1)

Patient's Name: _____ (Last) (First) (M.I.)

Street Address: _____ (Number, Street, City, State) Zip Code)

REPORT OF VERIFIED CASE OF TUBERCULOSIS

CDC Centers for Disease Control and Prevention

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GEORGIA 30333

REPORT OF VERIFIED CASE OF TUBERCULOSIS

FORM APPROVED OMB NO. 0920-0026 Exp. Date 09/30/2005

Initial Drug Susceptibility Report **(Follow Up Report – 1)**

SOUNDEX

State Reporting: Specify: _____ Alpha State Code

Year Counted:

State Case Number:

City/County Case Number:

Submit this report for all culture-positive cases.

33. Initial Drug Susceptibility Results:

Was Drug Susceptibility Testing Done: 0 ISUSCTEST nown

If answer is No or Unknown, do not

If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility Was Done? ISUSDATE

34. Susceptibility Results:

	Resistant	Susceptible	Not Done	Unknown	
Isoniazid	1	2	3	9	ISUSCINH
Rifampin	1	2	3	9	ISUSCRIF
Pyrazinamide	1	2	3	9	ISUSCPZA
Ethambutol	1	2	3	9	ISUSCEMB
Streptomycin	1	2	3	9	ISUSCSM
Ethionamide	1	2	3	9	ISUSCETH
Kanamycin	1	2	3	9	ISUSCKAN
Cycloserine	1	2	3	9	ISUSCCYC
Capreomycin	1	2	3	9	ISUSCCAP
Para-Amino Salicylic Acid	1	2	3	9	ISUSCPAS
Amikacin	1	2	3	9	ISUSCAM
Rifabutine	1	2	3	9	ISUSCRIB
Ciprofloxacin	1	2	3	9	ISUSCCIP
Ofloxacin	1	2	3	9	ISUSCOFL
Other	1	2	3	9	ISUSCOTH

Comments:

FOLLOWREP1

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0026). Do not send the completed form to this address.

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

CDC 72.9B REV 01/2003 **1st Copy** REPORT OF VERIFIED CASE OF TUBERCULOSIS Follow Up Report -1

Case Completion Report (Follow Up Report-2)

Patient's Name: (Last) (First) (M.I.)

Street Address: (Number, Street, City, State) Zip Code)

REPORT OF VERIFIED CASE OF TUBERCULOSIS

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GEORGIA 30333

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

REPORT OF VERIFIED CASE OF TUBERCULOSIS

FORM APPROVED OMB NO. 0920-0026 Exp. Date 09/30/2005

Case Completion Report (Follow Up Report – 2)

SOUNDEX

State Reporting: Specify: Alpha State Code

Year Counted:

State Case Number:

City/County Case Number:

Submit this report for all cases in which the patient was alive at diagnosis.

35. Sputum Culture Conversion Documented: 0 No CONVERT

If Yes, Date Specimen Collected on Initial Positive Sputum Culture: CPOSDATE

If Yes, Date Specimen Collected on First Consistently Negative Culture: CNEGDATE

36. Date Therapy Stopped: Mo. STOPTHER

37. Reason Therapy Stopped: STOPREAS
1 Completed Therapy
2 Moved
5 Not TB
6 Died
7 Other
9 Unknown

38. Type of Health Care Provider: PROVTYPE
1 Health Department
2 Private/Other
9 Unknown

39. Directly Observed Therapy: DIRTHER
0 No, Tota
1 Yes, Tot
2 Yes, Both Directly Observed and Self-Administered
9 Unknown

If Yes, Give Site(s) of Directly Observed Therapy: DIRSITE
1 In
2 In
3 Both in Facility and in the Field
9 Unknown

Number of Weeks of Directly Obse DIRWEEKS Weeks

40. Final Drug Susceptibility Results:
Was Follow-up Drug Susceptibility Testing Done? FSUSTEST Unk.
If answer is No or Unknown, do not complete rest of report.

If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility Was Done: FSUSCDATE

41. Final Susceptibility Results:

	R	e	Unknown		Resistant	nown
Isoniazid	FSUSCINH		9	Capreomycin	1	
Rifampin	FSUSCRIF		9	Para-Amino Salicylic Acid	1	
Pyrazinamide	FSUSCPZA		9	Amikacin	1	
Ethambutol	FSUSCEMB		9	Rifabutine	1	
Streptomycin	FSUSCSM		9	Ciprofloxacin	1	
Ethionamide	FSUSCETH		9	Ofloxacin	1	
Kanamycin	FSUSKAN		9	Other	1	
Cycloserine	FSUSCCYC		9			

FSUSCCAP
FSUSCPAS
FSUSCAM
FSUSCRIB
FSUSCCIP
FSUSCOFL
FSUSCOTH

Comments: FOLLOW2

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0026). Do not send the completed form to this address.

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

CDC 72.9C REV 01/2003 1st Copy REPORT OF VERIFIED CASE OF TUBERCULOSIS Follow Up Report-2

Calculated and Additional Variables

Field Name	Description
VERCOUNT	Do you want to count this patient at CDC as a verified case of TB?
VERCRIT	Calculated Case Verification Model
AGEATREPT	Age at report date. Calculated from: Question 5: Month-Year Reported Question 7: Date of Birth
RACECALC	Calculated from: Question 10: Race
INITDRC	Calculated from: Question 27: Initial Drug Regimen
AGEGROUP	Five (5) year age groups. Calculated from: Question 5: Month-Year Reported Question 7: Date of Birth
MMWRDATE	*MMWR* Reporting Date (NETSS Data Item)
MMWRWEEK	Calculated from: MMWRDATE (NETSS Data Item)
MMWRYEAR	Calculated from: MMWRDATE (NETSS Data Item)
SITEOFDISEASE	Calculated from: Question 15: Major Site of Disease Question 16: Additional Site of Disease
COMPLETE	Calculated from the RVCT, FU - 1, and FU - 2 based on the Record Completeness Algorithm. See Appendix SUR XVII.
***RACEETHNIC*	*Historical calculated variable based on the defunct Race variable (active only prior to TIMS 1.2) and Ethnic. RACEETHNIC values in TIMS 1.2 reflect only data entered prior to TIMS 1.2.*

Unknown Dates

Several dates can be marked either entirely unknown (no part of the date can be determined) or partially unknown (some part of the date is missing). Unknown dates may be represented on the RVCT form as a series of 9s (99/9999). To enter an unknown date in TIMS, click on the date field with the right mouse button and select **Unknown**. The surveillance questions that allow unknown or partial dates are:

Window	Q.	Description	Field Name	Partial Date	'Unknown' Control Flag
RVCT	3	Date Submitted	DATESUBM	N	DATESUBMUNK
RVCT	6	Month-Year Counted	COUNTDATE	N	COUNTDATEUNK If vercount="y"
RVCT	7	Date of Birth	BIRTHDATE	N	BIRTHDATEUNK
RVCT	12	Month-Year Arrived in US	DATEENTEREDUS	Y	DATEENTEREDUSUNK
RVCT	14b	Year of Previous Diagnosis	PREVYEAR	N	PREVYEARUNK
RVCT	28	Date Therapy Started	RXDATE	Y	RXDATEUNK
FU-1	33b	Initial Drug Susceptibility: Date First Isolate Collected	ISUSDATE	N	ISUSDATEUNK
FU-2	35b	Initial Positive Sputum Culture Collection Date	CPOSDATE	N	CPOSDATEUNK
FU-2	35c	First Consistently Negative Culture Collection Date	CNEGDATE	N	CNEGDATEUNK
FU-2	36	Date Therapy Stopped	STOPTHER	Y	STOPTHERUNK
FU-2	40b	Final Drug Susceptibility: Date Final Isolate Collected	FSUSCDATE	N	FSUSCDATEUNK

The Unknown Control Flag is an internal database value that specifically identifies the date as Unknown or partially Unknown and causes the application to display a question mark over the unknown date field. The user cannot directly modify the Unknown Control Flag.

Generated Data

Many of the values in the TIMS Surveillance Module are imported (generated) from other areas of the TIMS application. Use the following table to determine which surveillance fields can be generated from client information collected elsewhere in the TIMS application.

Generated from the Client Module

Surveillance information generated from the Client module appears automatically; the user does not need to take any additional steps to populate surveillance windows with data from the Client module.

Window	Q.	Description	Field Name
RVCT	1	State Reporting	STATE
RVCT	2a	State Case Number	STCASENO
RVCT	2b	City/County Case Number	LOCASENO
RVCT	4a	Address for Case Counting	CITY
RVCT	4b	Within City Limits	CITYLIMITS
RVCT	4c	County	COUNTY
RVCT	4d	Zip Code	ZIPCODE
RVCT	4e	4 digit Zip Code Suffix	ZIPSUFFIX
RVCT	7	Date of Birth	BIRTHDATE
RVCT	8	Sex	SEX
RVCT	9	Ethnicity	ETHNIC
RVCT	10	Race	See *** below
RVCT	11a	Country of Origin = US	USCITIZEN
RVCT	11b	Country of Origin	NATION
RVCT	12	Month-Year Arrived in U. S.	DATEENTEREDUS

*** Field Names for Race Variables

RVCT	10a	American Indian or Alaska Native	AMIND
RVCT	10b	Asian	ASIAN
RVCT	10c	Extended Asian	ASIANEXT
RVCT	10d	Black or African American	BLACK
RVCT	10e	Native Hawaiian / Pacific Islander	NAHAW
RVCT	10f	Extended Native Hawaiian / Pacific Islander	NAHAWEXT
RVCT	10g	White	WHITE
RVCT	10h	Unknown Race	UNKRACE

Additionally, the SOUNDEX value is calculated based on the client's last name. SOUNDEX cannot be directly modified by the user.

Generated from the Patient Management Module

Surveillance information can be generated (imported) from the Patient Management module by using the Generate and Generate All commands. Any information that was entered directly into a surveillance window will be replaced by the information generated from the Patient Management module. Entire questions generate as a whole, thus the Generated Data Flag variable name will be the same for all parts of a question.

Window	Q.	Description	Field Name	Generated Data Flag
RVCT	14a	Previous Diagnosis of TB	PREVTB	PREVTBIMPTD
RVCT	14b	Year of previous diagnosis	PREVYEAR	PREVTBIMPTD
RVCT	14c	More than one previous episode	PREVAGAIN	PREVTBIMPTD
RVCT	15a	Major Site of Disease	MAJORSITE	MAJORSITEIMPTD
RVCT	15b	Major Site: anatomic code for 'Other'	MAJOROTHER	MAJORSITEIMPTD
RVCT	16a	Additional Site of Disease	ADDLSITE	ADDLSITEIMPTD
RVCT	16b	Add'l Site: anatomic code for 'Other'	ADDLOTHER	ADDLSITEIMPTD
RVCT	16c	More than one additional site	ADDLMORE	ADDLSITEIMPTD
RVCT	17	Sputum Smear	SPSMEAR	SPSMEARIMPTD
RVCT	18	Sputum Culture	SPCULTURE	SPCULTUREIMPTD
RVCT	19a	Microscopic Exam of Tissue and Other Body Fluids	MICROEXAM	MICROEXAMIMPTD
RVCT	19b	Anatomic code from microscopic exam - 1	MICROANAT1	MICROEXAMIMPTD
RVCT	19c	Anatomic code from microscopic exam - 2	MICROANAT2	MICROEXAMIMPTD
RVCT	20a	Culture of Tissue and Other Body Fluids	CULTOTHER	CULTOTHERIMPTD
RVCT	20b	Anatomic code from culture of tissue and other body fluids - 1	CULTANAT1	CULTOTHERIMPTD
RVCT	20c	Anatomic code from culture of tissue and other body fluids - 2	CULTANAT2	CULTOTHERIMPTD
RVCT	21a	Chest X-Ray	XRAY	XRAYIMPTD
RVCT	21b	X-ray abnormality	ABNORMALITY	XRAYIMPTD
RVCT	21c	X-ray abnormality status	XRAYSTATUS	XRAYIMPTD
RVCT	22a	Tuberculin Skin Test at Diagnosis	TBTEST	TBTESTIMPTD
RVCT	22b	Millimeters of Induration	INDURATION	TBTESTIMPTD
RVCT	22c	If Negative, was patient anergic?	ANERGY	TBTESTIMPTD
RVCT	23a	HIV Status	HIVSTATUS	HIVSTATUSIMPTD
RVCT	23b	If Positive, Based on	HIVBASIS	HIVSTATUSIMPTD
RVCT	23c	CDC AIDS Patient Number	HIVCDCNBR	HIVSTATUSIMPTD
RVCT	23d	State HIV/AIDS Patient Number	HIVSTANBR	HIVSTATUSIMPTD
RVCT	23e	City/County HIV/AIDS Patient Number	HIVLOCNBR	HIVSTATUSIMPTD
RVCT	24	Homeless Within Past Year	HOMELESS	HOMELESSIMPTD
RVCT	25a	Resident of Correctional Facility at Time of Diagnosis	CORRECTION	CORRECTIONIMPTD
RVCT	25b	Type of correctional facility	CORFACILITY	CORRECTIONIMPTD

Generated Data (continued)

Window	Q.	Description	Field Name	Generated Data Flag
RVCT	26a	Resident of Long-Term Care Facility at Time of Diagnosis	LONGTERM	LONGTERMIMPTD
RVCT	26b	Type of long-term care facility	LONGTERMFACILITY	LONGTERMIMPTD
RVCT	27a	Initial Regimen: Isoniazid	INITINH	INITIMPTD
RVCT	27b	Initial Regimen: Rifampin	INITRIF	INITIMPTD
RVCT	27c	Initial Regimen: Pyrazinamide	INITPZA	INITIMPTD
RVCT	27d	Initial Regimen: Ethambutol	INITEMB	INITIMPTD
RVCT	27e	Initial Regimen: Streptomycin	INITSM	INITIMPTD
RVCT	27f	Initial Regimen: Ethionamide	INITETH	INITIMPTD
RVCT	27g	Initial Regimen: Kanamycin	INITKAN	INITIMPTD
RVCT	27h	Initial Regimen: Cycloserine	INITCYC	INITIMPTD
RVCT	27i	Initial Regimen: Capreomycin	INITCAP	INITIMPTD
RVCT	27j	Initial Regimen: Para-Amino Salicylic Acid	INITPAS	INITIMPTD
RVCT	27k	Initial Regimen: Amikacin	INITAM	INITIMPTD
RVCT	27l	Initial Regimen: Rifabutine	INITRIB	INITIMPTD
RVCT	27m	Initial Regimen: Ciprofloxacin	INITCIP	INITIMPTD
RVCT	27n	Initial Regimen: Ofloxacin	INITOFL	INITIMPTD
RVCT	27o	Initial Regimen: Other	INITOTH	INITIMPTD
RVCT	28	Date Therapy Started	RXDATE	RXDATEIMPTD
RVCT	29	Injecting Drug Use Within Past Year	INJECT	INJECTIMPTD
RVCT	30	Non-Injecting Drug Use Within Past Year	NONINJECT	NONINJECTIMPTD
RVCT	31	Excess Alcohol Use Within Past Year	ALCOHOL	ALCOHOLIMPTD
RVCT	32a	Occupation: Health Care Worker	OCCHCW	OCCIMPTD
RVCT	32b	Occupation: Correctional Employee	OCCCORR	OCCIMPTD
RVCT	32c	Occupation: Migratory Agricultural Worker	OCCMIG	OCCIMPTD
RVCT	32d	Occupation: Other Occupation	OCCOTHER	OCCIMPTD
RVCT	32e	Occupation: Not Employed Within Past 24 Months	OCCNOT	OCCIMPTD
RVCT	32f	Occupation: Unknown	OCCUNK	OCCIMPTD
FU-1	33a	Initial Drug Susceptibility Results	ISUSCTEST	ISUSTESTIMPTD
FU-1	33b	Date First Isolate Collected	ISUSDATE	ISUSTESTIMPTD
FU-1	34a	Initial Susceptibility: Isoniazid	ISUSCINH	ISUSCIMPTD
FU-1	34b	Initial Susceptibility: Rifampin	ISUSCRIF	ISUSCIMPTD
FU-1	34c	Initial Susceptibility: Pyrazinamide	ISUSCPZA	ISUSCIMPTD
FU-1	34d	Initial Susceptibility: Ethambutol	ISUSCEMB	ISUSCIMPTD
FU-1	34e	Initial Susceptibility: Streptomycin	ISUSCSM	ISUSCIMPTD
FU-1	34f	Initial Susceptibility: Ethionamide	ISUSCETH	ISUSCIMPTD
FU-1	34g	Initial Susceptibility: Kanamycin	ISUSCKAN	ISUSCIMPTD
FU-1	34h	Initial Susceptibility: Cycloserine	ISUSCCYC	ISUSCIMPTD

Generated Data (continued)

Window	Q.	Description	Field Name	Generated Data Flag
FU-1	34i	Initial Susceptibility: Capreomycin	ISUSCCAP	ISUSCIMPTD
FU-1	34j	Initial Susceptibility: Para-Amino Salicylic Acid	ISUSCPAS	ISUSCIMPTD
FU-1	34k	Initial Susceptibility: Amikacin	ISUSCAM	ISUSCIMPTD
FU-1	34l	Initial Susceptibility: Rifabutine	ISUSCRIB	ISUSCIMPTD
FU-1	34m	Initial Susceptibility: Ciprofloxacin	ISUSCCIP	ISUSCIMPTD
FU-1	34n	Initial Susceptibility: Ofloxacin	ISUSCOFL	ISUSCIMPTD
FU-1	34o	Initial Susceptibility: Other	ISUSCOTH	ISUSCIMPTD
FU-2	35a	Sputum Culture Conversion Documented	CONVERT	CONVERTIMPTD
FU-2	35b	Date Specimen Collected on Initial Positive Sputum Culture	CPOSDATE	CONVERTIMPTD
FU-2	35c	Date Specimen Collected on First Consistently Negative Culture	CNEGDATE	CONVERTIMPTD
FU-2	36	Date Therapy Stopped	STOPTHER	STOPTHERIMPTD
FU-2	37	Reason Therapy Stopped	STOPREAS	STOPREASIMPTD
FU-2	40a	Final Drug Susceptibility Results	FSUSTEST	FSUSTESTIMPTD
FU-2	40b	Date Final Isolate Collected	FSUSCDATE	FSUSTESTIMPTD
FU-2	41a	Final Susceptibility: Isoniazid	FSUSCINH	FSUSCIMPTD
FU-2	41b	Final Susceptibility: Rifampin	FSUSCRIF	FSUSCIMPTD
FU-2	41c	Final Susceptibility: Pyrazinamide	FSUSCPZA	FSUSCIMPTD
FU-2	41d	Final Susceptibility: Ethambutol	FSUSCEMB	FSUSCIMPTD
FU-2	41e	Final Susceptibility: Streptomycin	FSUSCSM	FSUSCIMPTD
FU-2	41f	Final Susceptibility: Ethionamide	FSUSCETH	FSUSCIMPTD
FU-2	41g	Final Susceptibility: Kanamycin	FSUSCKAN	FSUSCIMPTD
FU-2	41h	Final Susceptibility: Cycloserine	FSUSCCYC	FSUSCIMPTD
FU-2	41i	Final Susceptibility: Capreomycin	FSUSCCAP	FSUSCIMPTD
FU-2	41j	Final Susceptibility: Para-Amino Salicylic Acid	FSUSCPAS	FSUSCIMPTD
FU-2	41k	Final Susceptibility: Amikacin	FSUSCAM	FSUSCIMPTD
FU-2	41l	Final Susceptibility: Rifabutine	FSUSCRIB	FSUSCIMPTD
FU-2	41m	Final Susceptibility: Ciprofloxacin	FSUSCCIP	FSUSCIMPTD
FU-2	41n	Final Susceptibility: Ofloxacin	FSUSCOFL	FSUSCIMPTD
FU-2	41o	Final Susceptibility: Other	FSUSCOTH	FSUSCIMPTD

This page intentionally left blank.