

Tip Sheet: Recording 607 Continued Anti-Tuberculosis Treatment

This tip sheet has been developed to assist panel clinics conducting U.S. Visa health examinations for applicants who are required to undergo **607 exam** as a part of their health examination(s). Once the health case is at **Exam in Progress** status, you can start recording the 607 exam.

Note: If your health case is ready to proceed to the examination state, it should be available in the **In progress** tab in your clinic's **inbox**.

Note: Throughout the examination a red asterisk * will display for mandatory fields.

Step 1. Search the health case using the **Case search** screen or locate the health case in the **In progress** folder of the clinic's **inbox**

Step 2. Select the check box next to the health case and press the **Manage Case** button

Case search

Search Using Health Case Identifier Using Client Details

Using Health Case Identifier

ID type * CEAC Barcode plus suffix ?

ID * TST_CEAC_SUF_15045

[Set as my default screen](#)

Reset Search

Select: [All](#) [None](#)

| ID | Client name | Date of birth | Doc. Num. | Visa | Type | Visit date | 501 | 502 | 707 | 708 | 712 | 716 | Other | Country | Action |
|-------------------------------------|--|---------------|------------|---|------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|----------------------|
| <input checked="" type="checkbox"/> | TST_CEAC_SUF_1504579423407 CDKAMEDCFMBOMIK, Ohhociclkdojih | 23 Aug 2011 | igeefngihe | Immigrant Visa (Includes SIV, Diversity and Parolees) | - | 05 Sep 2017 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | View |

Manage Case
Create Group
Add to group

The **Health case details** screen displays.

Health Case: RIZ_CEAC_SUF_1512091504606




PHOTO TO BE ATTACHED

KELMJFJNHJMOAOD, Cdbncdgdghjoi
MALE, 13 Nov 2005

- Pre exam
- Health case details
- Manage Photo
- Confirm identity
- All Exams
 - All exams summary
 - Current exams
 - 501 Medical Examination
 - 502 Chest X-Ray Examination
 - 719 TB screening test - TST or IGRA
 - 106 Mental health report
 - 603 Investigation on current state of tuberculosis
 - 607 Continued anti-tuberculosis treatment

Pre exam: Health case details

Panel Physician Report on Medical Examination and Vaccination Record

OMB Control Number 1405-0230
Form Number DS-7794
Expiration Date 30 Jun 2021
Estimated Burden 60 minutes

Applicant personal details

Family name KELMJFJNHJMOAOD
Given name(s) cdbncdgdghjoi
Sex MALE
Date of birth 13 Nov 2005
Country of birth RWANDA
City of birth
Prior Country of Residence AUSTRALIA

Applicant identity details

Identity document presented Original Passport
Identity Document Number heeaibjajh
Issuing country RWANDA
Date of issue
Date of expiry 01 Dec 2022
Source United States of America

Other Identifiers

| Identifier type | Identifier value |
|-----------------|------------------------|
| Alien Number | RIZ_AN1512091504606 |
| Case Number | RIZ_CSN1512091504606 |
| CEAC Barcode | RIZ1504606 |
| Beneficiary ID | RIZ_BNFID1512091504606 |

Applicant visa details

Applicant Category Adoptee

Applicant Declaration

Step 3. Expand the **607 exam** in navigation pane

Step 4. Press the **Refer Applicant** button

The **607 Continued anti-tuberculosis treatment: Refer Applicant** screen displays.

607 Continued anti-tuberculosis treatment: Refer Applicant

| | |
|------------------|---|
| Exam code | 607 |
| Exam name | Continued anti-tuberculosis treatment |
| Exam description | Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment. |
| Referred by | Mr Doctor USA |
| Referred to | USA RAVI CLINIC 15 JAUNCEY COURT UNITED STATES |

Refer (highlighted)

Generate Referral letter

Back Next

Note: If the required service to complete the **607 exam** is already available for your clinic then the exam will be automatically referred. However, you may refer the applicant (if required) to an externally linked specialist clinic.

- 607 Continued anti-tuberculosis treatment
- Refer Applicant** (highlighted)
- Record results
- Review exam details

Step 5. Press the **Refer** button

Step 6. In the **Refer Applicant** window, select the name of the referring panel physician/radiologist from the **Referred by** drop down list

Step 7. Select the button for the clinic you want to refer the applicant to and press the **Save** button

Refer Applicant

Referred by: **Mr Doctor USA** (highlighted)

You can choose to refer the selected exams to any of these clinics.

| Refer to ? | Services offered at the clinic ? |
|---|--|
| <input checked="" type="radio"/> USA RAVI CLINIC 15 JAUNCEY COURT UNITED STATES | Medical Radiology Chest specialist Pathology Psychiatry Tuberculosis specialist |

Cancel **Save** (highlighted)

Note: The **Referred by** will default to the doctor themselves if user is a panel physician/radiologist.

Refer Applicant

Referred by: **Mr Doctor USA** (highlighted)

You can choose to refer the selected exams to any of these clinics.

The **Refer Applicant** screen displays with a success message.

607 Continued anti-tuberculosis treatment: Refer Applicant

Success

The exam has been successfully referred to the selected clinic. Please print the referral letter and instruct the applicant that they need to see the specialist. Record the results and attach the reports once they are received.

Exam code: 607
 Exam name: Continued anti-tuberculosis treatment
 Exam description: Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment.
 Referred by: Mr Doctor USA
 Referred to: USA RAVI CLINIC
 15 JAUNCEY COURT
 UNITED STATES

Buttons: Back, Refer, **Generate Referral letter**, Next

Step 8. Press the **Generate Referral letter** button to print the Referral letter and provide to the applicant to provide to the specialist.

Upon receiving the results and test reports, proceed to record the results.

Step 9. To record the results select the **Record results** button in the navigation pane or press the **Next** button from the **Refer Applicant** screen

The **607 exam Record results** screen displays.

607 Continued anti-tuberculosis treatment: Record results

Confirm identity

Was the applicant's identity confirmed? Not selected Yes No

Record results

Exam date: 08 Mar 2018
 Exam description: Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment.

Treatment

Treatment details for Tuberculosis must be recorded.

| Treatment | Medication | Start | End | Dose | Frequency | Side effects |
|---|------------|-------|-----|------|-----------|--------------|
| Treated at designated DOT site <input checked="" type="radio"/> Not selected <input type="radio"/> No <input type="radio"/> Yes | | | | | | |
| <input type="checkbox"/> Recording of Treatment is complete | | | | | | |

Attachments

Link to existing Add New

No documents have been attached

| Delete | Document Type | Details | Attachment type | Sending method | File name | Edit |
|-----------------------------|---------------|---------|-----------------|----------------|-----------|------|
| General Supporting Comments | | | | | | |

Buttons: Back, Close, Save, Next

Step 10. Select **Yes** or **No** button for **Was the applicant's identity confirmed?**

Step 11. Edit the **Exam date**, if required (will default to today's date)

Step 12. Press the  icon to record **Treatment** in the **Add/Edit Treatment** window

Step 13. Select a **Treatment** from the drop down list

Step 14. Select the **Medication** from the drop down list

Step 15. Enter a **Start** date

Step 16. Select an option for **Duration**

Step 17. Enter **End** date, if **Fixed term** button is selected for **Duration**

Step 18. Enter details in **Dose** field

Step 19. Select **Frequency** from the drop down list


Step 20. Select the button for **Side effects**

Step 21. **Details of side effects** text box display if **Yes** button selected for **Side effects**

Note: If **Other** is selected from drop down list for **Medication** then it is mandatory to provide details in the **Other Medication** field.

Note: If **Other** is selected from drop down list for **Frequency** then it is mandatory to provide details in the **Other Frequency** field.

Step 22. Press the **Ok** button

Step 23. Select the  icon again to record more provided treatment

The recorded treatment details are displayed under the **Treatment** section.

Treatment

| Treatment | Medication | Start | End | Dose | Frequency | Side effects |
|----------------------|----------------------|-------------|-------------|------|------------------|--------------|
| TB Rx Curative 2HRZE | Ethambutol (TB2HRZE) | 03 Jul 2018 | 12 Jul 2018 | one | Four times a day | - |
| TB Rx Curative 4HR | Rifampicin (4HR) | 05 Jul 2018 | 11 Jul 2018 | one | Once a day | - |
| TB Rx IOM | Streptomycin | 07 Jul 2018 | 17 Jul 2018 | two | Two times a day | Nausea |

Treated at designated DOT site Not selected No Yes
 Recording of Treatment is complete

Step 24. Select **Yes** or **No** for the **Treated at designated DOT site**

Step 25. Select check box for **Recording of Treatment is complete**

The **Post-treatment Clinical diagnosis (for Radiologist to complete)** section display.

Note: Ensure that the **Treatment** section and the check box for **Recording of Treatment is complete**, must be completed by the clinic and Save and Exit from the health case.

Note: The **Post-treatment Clinical diagnosis (for Radiologist to complete)** section can only be completed by the panel radiologist. The radiologist must Save and Exit from the health case.

Note: As a medical clinic, you will need to complete the **Sputum Smears and Cultures** and the **DST** section (if present) before submitting the exam.

Confirm identity

Was the applicant's identity confirmed? Not selected Yes No

Record results

Exam date

Exam description Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment.

Treatment

| Treatment | Medication | Start | End | Dose | Frequency | Side effects |
|----------------------|----------------------|-------------|-------------|------|------------------|--------------|
| TB Rx Curative 2HRZE | Ethambutol (TB2HRZE) | 03 Jul 2018 | 12 Jul 2018 | one | Four times a day | - |
| TB Rx Curative 4HR | Rifampicin (4HR) | 05 Jul 2018 | 11 Jul 2018 | one | Once a day | - |
| TB Rx IOM | Streptomycin | 07 Jul 2018 | 17 Jul 2018 | two | Two times a day | Nausea |

Treated at designated DOT site Not selected No Yes
 Recording of Treatment is complete

a. Enter a date for **Date radiograph obtained**

b. Select the **Yes** or **No** button for **Findings suggestive of TB?**

If the **Findings suggestive of TB?** is **Yes**, the **Findings present** section displays.

| Treatment | Medication | Start | End | Dose | Frequency | Side effects |
|----------------------|----------------------|-------------|-------------|------|-----------------|--------------|
| TB Rx Curative 2HRZE | Ethambutol (TB2HRZE) | 04 Oct 2017 | 11 Oct 2017 | one | Once a day | - |
| TB Rx Preventive | Rifampentine | 06 Oct 2017 | 11 Oct 2017 | one | Two times a day | Nausea |

Treated at designated DOT site Not selected No Yes
 Recording of Treatment is complete *

Post-treatment Clinical diagnosis (for Radiologist to complete)

Date radiograph obtained * 11 Oct 2017

Findings suggestive of TB? * Not selected No Yes

Findings present

Suggests Tuberculosis (will require Smears and Cultures)

- Infiltrate or consolidation
- Reticular markings suggestive of fibrosis
- Cavitory lesion
- Nodule or mass with poorly defined margins (such as tuberculoma)
- Pleural effusion
- Hilar / mediastinal adenopathy
- Miliary findings
- Discrete linear opacity
- Discrete nodule(s) without calcification
- Volume loss or retraction
- Irregular thick pleural reaction
- Other

Smears and Cultures not required

- Cardiac
- Musculoskeletal
- Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound])
- Diaphragmatic tenting
- Single or scattered calcified pulmonary nodule(s)
- Calcified lymph node(s)
- Other

Remarks

c. Select the check boxes which apply for any of the findings that are present (multiple check boxes may be selected)

Note: The **Remarks** are mandatory if **Other** is selected for **Suggests Tuberculosis (will require Smears and Cultures)** or **(Smears and Cultures not required)**.

Note: The name of the U.S. panelled radiologist managing the health case will display next to **Interpreted by**.

d. Select the check box for **I declare that these are a true and correct record of my findings Sputum Smears and Cultures** section display.

Post-treatment Clinical diagnosis (for Radiologist to complete)

Date radiograph obtained 03 Aug 2018
 Findings suggestive of TB? Yes
 Findings present **Suggests Tuberculosis (will require Smears and Cultures)**

Infiltrate or consolidation
 Reticular markings suggestive of fibrosis
 Cavitory lesion
 Nodule or mass with poorly defined margins (such as tuberculoma)
 Pleural effusion
 Hilar / mediastinal adenopathy
 Miliary findings
 Discrete linear opacity
 Discrete nodule(s) without calcification
 Volume loss or retraction
 Irregular thick pleural reaction
 Other


Smears and Cultures not required

Cardiac
 Musculoskeletal
 Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound])
 Diaphragmatic tenting
 Single or scattered calcified pulmonary nodule(s)
 Calcified lymph node(s)
 Other

Remarks
 Interpreted by USA, Radiologist
 Date radiograph interpreted 03 Aug 2018
 * I declare that these are a true and correct record of my findings

Sputum Smears and Cultures



Sputum Smear Laboratory * This clinic
 Sputum Culture Laboratory * This clinic

No results found. 


| Specimen obtained | Test date | Test name | Result | Remarks |
|--|-----------|-----------|--------|---------|
| <input type="checkbox"/> * Recording of Laboratory Tests is complete | | | | |

Step 26. If required select a clinic for the **Sputum Smear Laboratory** (will default to the Referred to clinic)


Step 27. Press the  icon to open **Add/Edit Laboratory tests** window

Add/Edit Laboratory tests  

Test name * Select an Option

Specimen obtained * 15 Sep 2018 

Test result

Test date 15 Sep 2018 

Remarks

Cancel Ok

Step 28. Select **Test name** Sputum Smear from the drop down list

Step 29. Edit the **Specimen obtained** date, if required (will default to today's date)

Step 30. Select **Test result** from the drop down list

Step 31. Edit the **Test date**, if required (will default to today's date)

Step 32. Enter details in **Remarks** field

Note: If Test result = Not done, then it is mandatory to provide details in the Remarks field.

Step 33. Press the **Ok** button

Add/Edit Laboratory tests

Test name * Sputum Smear


Specimen obtained * 11 Oct 2017

Test result Not done

Test date

Remarks * no sputum

Cancel Ok

Step 34. Press the  icon to record **Culture** test results

Note: At least two and not more than three entries for either test (Sputum Smear or Culture) result must be recorded for **Sputum smears and Cultures** section.

Step 35. Select check box for **Recording of Laboratory Tests is complete** field. An error message is displayed on the top of the screen if prerequisite entries are not listed for either test

607 Continued anti-tuberculosis treatment: Record results

An error has occurred

Please complete the recording of two or three Sputum Smear results.

Sputum Smears and Cultures

Sputum Smear Laboratory * USA RAVI CLINIC

Sputum Culture Laboratory * USA RAVI CLINIC

| Specimen obtained | Test date | Test name | Result | Remarks |
|-------------------|-------------|--------------|----------|---------|
| 09 Aug 2018 | 09 Sep 2018 | Culture | Positive | - |
| 09 Aug 2018 | 15 Sep 2018 | Culture | Positive | - |
| 07 Sep 2018 | 07 Sep 2018 | Sputum Smear | Positive | - |

* Recording of Laboratory Tests is complete

Step 36. Record required results entries for **Sputum Smears and Cultures**

Step 37. Select the **Yes** or **No** button for **Clinic diagnosis of TB?**

Sputum Smears and Cultures

Sputum Smear Laboratory Canberra Services

Sputum Culture Laboratory Canberra Services

| Specimen obtained | Test date | Test name | Result | Remarks |
|-------------------|-------------|--------------|----------|---------|
| 11 Oct 2017 | 11 Oct 2017 | Sputum Smear | Negative | - |
| 12 Oct 2017 | 13 Oct 2017 | Culture | Negative | - |
| 12 Oct 2017 | 13 Oct 2017 | Sputum Smear | Negative | - |
| 13 Oct 2017 | 13 Oct 2017 | Culture | Negative | - |

Recording of Laboratory Tests is complete *

Clinical diagnosis of TB? * Not selected Yes No

Note: **Clinic diagnosis of TB?** field is only displayed when tick box for **Recording of Laboratory Tests is complete** is ticked and none of the **Culture Laboratory test** result is **Positive**.

Step 38. The **Drug susceptibility tests (DST)** and **Required for first- line DST** section displays if **Recording of Laboratory Tests is complete** is ticked and any of the Culture test results is recorded as Positive

Sputum Smears and Cultures

Sputum Smear Laboratory

Sputum Culture Laboratory

| Specimen obtained | Test date | Test name | Result | Remarks |
|-------------------|-------------|--------------|----------|---------|
| 09 Aug 2018 | 09 Sep 2018 | Culture | Positive | - |
| 09 Aug 2018 | 15 Sep 2018 | Culture | Positive | - |
| 06 Sep 2018 | 06 Sep 2018 | Sputum Smear | Positive | - |
| 07 Sep 2018 | 07 Sep 2018 | Sputum Smear | Positive | - |

Recording of Laboratory Tests is complete

Drug susceptibility tests

Method of DST

Date specimen obtained

Date specimen reported

Drug Susceptibility Test laboratory

Required for first-line DST

Isoniazid Not selected Resistant Susceptible

Rifampin Not selected Resistant Susceptible

Ethambutol Not selected Resistant Susceptible

Pyrazinamide Not selected Resistant Susceptible

Step 39. Select a test from the **Method of DST** drop down list

Step 40. Enter the date in **Date specimen obtained** field

Step 41. Enter the date in **Date specimen reported** field

Step 42. Edit **Drug Susceptibility Test Laboratory** field, if required (display the name of the **clinic** to which exam has been referred, as default, plus all buttoned 'Pathology' clinics in the dropdown)

Step 43. Select radio button from **Resistant** or **Susceptible** for finding for each drug listed under the **Required for first-line DST**

Step 44. If the finding for two or more drugs is **Resistant** recorded for **Required for first-line DST** then **Required for multidrug-resistant cases** and **Susceptibility to other drugs** section display

Drug susceptibility tests

Method of DST

Date specimen obtained

Date specimen reported

Drug Susceptibility Test laboratory

Required for first-line DST

Isoniazid Not selected Resistant Susceptible

Rifampin Not selected Resistant Susceptible

Ethambutol Not selected Resistant Susceptible

Pyrazinamide Not selected Resistant Susceptible

Required for multidrug-resistant cases

Ethionamide Not selected Resistant Susceptible

Capreomycin Not selected Resistant Susceptible

Amikacin Not selected Resistant Susceptible

Para-aminosalicylic acid (PAS) Not selected Resistant Susceptible

Fluroquinolone Not selected Resistant Susceptible

Specify

Susceptibility to other drugs

Attachments

Step 45. Select radio button from **Resistant** or **Susceptible** for finding for each drug listed under the **Required for multidrug-resistance cases**

Step 46. For **Fluoroquinolone** the **specify** field display and information must be provided

Required for multidrug-resistant cases

| | | | |
|--------------------------------|---|--|--|
| Ethionamide | <input type="radio"/> Not selected | <input checked="" type="radio"/> Resistant | <input type="radio"/> Susceptible |
| Capreomycin | <input type="radio"/> Not selected | <input type="radio"/> Resistant | <input checked="" type="radio"/> Susceptible |
| Amikacin | <input type="radio"/> Not selected | <input checked="" type="radio"/> Resistant | <input type="radio"/> Susceptible |
| Para-aminosalicylic acid (PAS) | <input type="radio"/> Not selected | <input checked="" type="radio"/> Resistant | <input type="radio"/> Susceptible |
| Fluoroquinolone | <input type="radio"/> Not selected | <input checked="" type="radio"/> Resistant | <input type="radio"/> Susceptible |
| Specify | <input type="text" value="Moxifloxacin"/> | | |

Susceptibility to other drugs

Step 47. Press  Twisty to record information for **Susceptibility to other drugs**

Susceptibility to other drugs

| | |
|--------------|----------------------|
| Other drug 1 | <input type="text"/> |
| Other drug 2 | <input type="text"/> |
| Other drug 3 | <input type="text"/> |
| Other drug 4 | <input type="text"/> |
| Other drug 5 | <input type="text"/> |

Step 48. Enter details of drug for **Other drug 1** and **Finding 1** field display

Step 49. Select radio button from **Resistant** or **Susceptible** for **Finding1**

Susceptibility to other drugs

| | |
|--------------|--|
| Other drug 1 | <input type="text" value="Ofloxacin"/> |
| Finding 1 | <input type="radio"/> Not selected <input type="radio"/> Resistant <input checked="" type="radio"/> Susceptible |
| Other drug 2 | <input type="text"/> |
| Other drug 3 | <input type="text"/> |
| Other drug 4 | <input type="text"/> |
| Other drug 5 | <input type="text"/> |

Step 50. Press the **Add New** button in the **Attachments** section

Attachments



The **Add New Attachment** window displays.

Add New Attachment

Attachment type: **Uploaded**

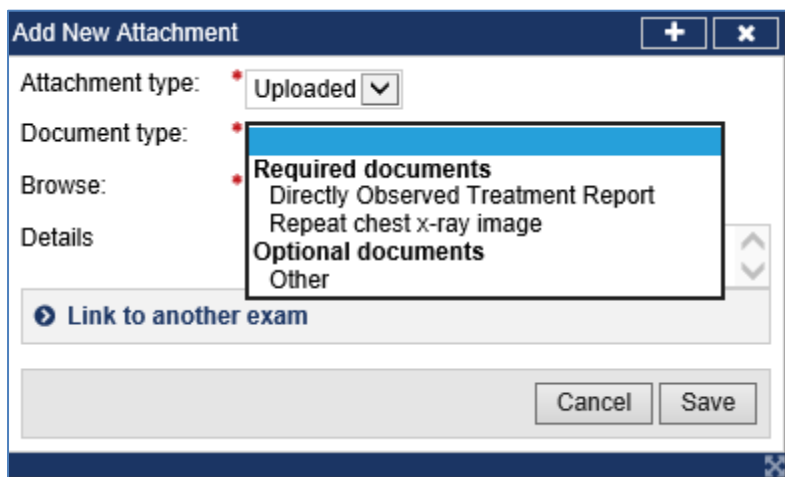
Document type:

Browse:

Details

Link to another exam

Step 51. Select a test report from the **Document type** from the drop down list

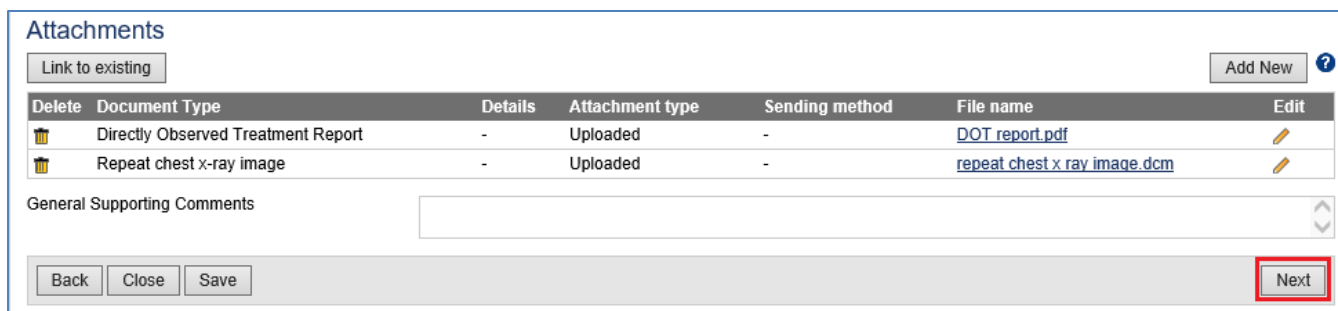


Step 52. Press the **Browse** button to locate and upload the attachment file

Step 53. Press the **Save** button

Step 54. Press the **Add New** button again to upload the Required documents (and any other relevant document if required)

The uploaded files will be listed in the **Attachments** section.



Note: You must attach each document type under the 'Required documents' (mandatory attachments). However, it is strongly recommended that any relevant non-mandatory document must be attached as well.

Note: The mandatory PA chest x-ray image must be in DICOM format as a dcm file between 3.5MB to 5MB (but no larger than 5MB).

Step 55. Record comments in **General Supporting Comments** text box, if required

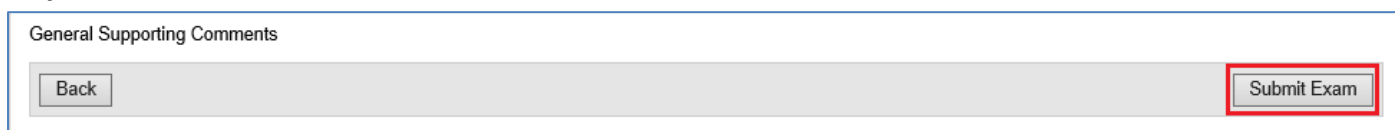
Step 56. Press the **Next** button

The **607 Continued anti-tuberculosis treatment: Review exam details** screen displays

Step 57. Thoroughly review the information recorded

Note: All details in **607 Continued anti-tuberculosis treatment: Review exam details** screen are view only. To edit, return to the **607 Continued anti-tuberculosis treatment: Record results** screen where the information was initially entered.

Step 58. Press the **Submit Exam** button



Note: Clerical (Medical) users will need to provide a declaration and select the name of the panel physician on behalf of whom they are submitting the exam.


Declaration

I have completed this examination report on behalf of * Select an Option ▼

This submits the exam, and returns you to the **607 Continued anti-tuberculosis treatment: Review exam details** screen with a success message displayed on the top of the screen.

Success
607 Continued anti-tuberculosis treatment has been successfully submitted.

Health Case: TST_CEAC_SUF_1504579423407 **607 Continued anti-tuberculosis treatment: Review exam details**



CDKAMEDCFMBOMIK,
Ohhociclkdoijh
MALE, 23 Aug 2011

- Pre exam
- Health case details
- Manage Photo
- Confirm identity

Exam details

| | |
|------------------|---|
| Exam code | 607 |
| Exam description | Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment. |
| Exam added by | DOCCOLA3, USA - UAT Clinic |
| Reason requested | yyy |
| Exam date | 06 Mar 2018 |
| Exam status | Incomplete |
| Referred to | USA RAVI CLINIC 15 JAUNCEY COURT UNITED STATES |

Confirm identity

| | |
|---|-----|
| Was the applicant's identity confirmed? | Yes |
|---|-----|

Note: On attempted submit of the exam: If the most recent 'Culture' Test Date is more than three months old, then the system displays an error message **Lab Tests have expired. Please repeat full set and submit exam again. Do NOT finalize exam.**

Note: An additional **607 exam** will be automatically added to the health case if the existing **607 Continued anti-tuberculosis treatment** has expired.

Note: The **607 exam** can be finalized Incomplete with a reason of **Class A TB Applying for Waiver** and case must be classified Class A TB.