

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="radio"/> 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**

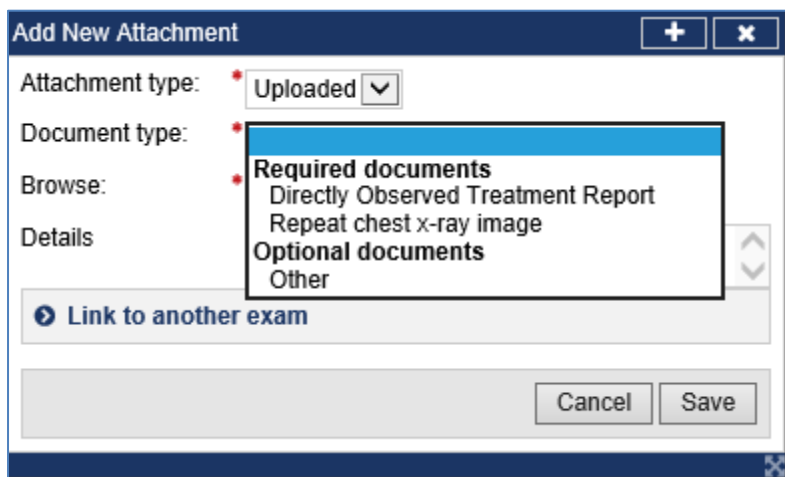
Document type:

Browse:

Details

Link to another exam

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

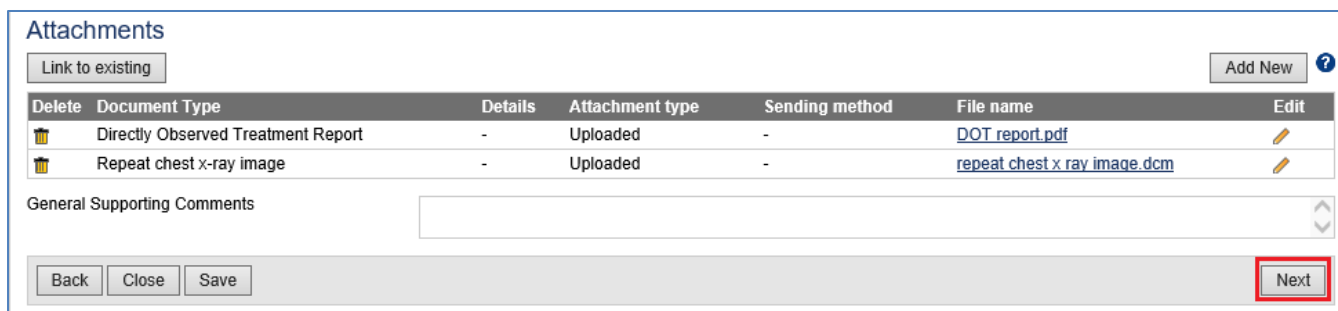


Step 52. Press the **Browse** button to locate and upload the attachment file

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

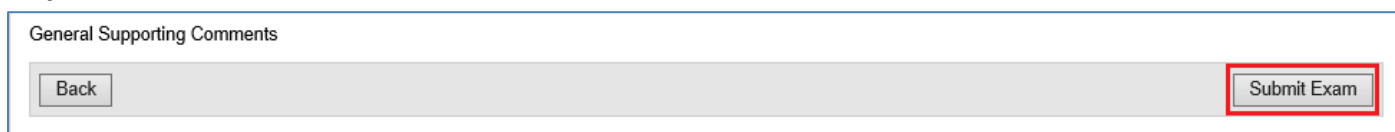
Step 56. Press the **Next** button

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
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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.