**Case Detection Tool – 8c**

**<insert year> TB Case Closeout Form**

**Please review the following information, and confirm that it is correct with your signature at the bottom of this page. Please contact the TB Registry <insert phone number> if any of this information is incorrect.**

Local Health Jurisdiction: **<insert jurisdiction>**

Our records indicate that you have **<insert number>** counted TB case(s) for **<insert year>**

Highest state case number for **<insert year>**: **<insert highest state case number>**

MDR Cases in **<insert year>**: **<insert case numbers>**

Other (Non-countable) TB Cases: **<insert case numbers>**

**Missing State Case Numbers**

Please indicate the reason for missing numbers if not already listed.

|  |  |
| --- | --- |
| **State Case Number** | **Reason Why It Is Missing** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

If in agreement, please sign and return this document. Thank you.

Local Health Jurisdiction sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

TB Controller sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please fax back to TB Registry: <insert fax number>**

**Thank you!!!**