**Timeliness Tool – 1b**

**Time Schedule for Entering Data into the RVCT**

**Note: Most time intervals should be based on your jurisdictional policies and procedures.**

| **Time to Complete Entering Data** | **RVCT Item** | **Comments** |
| --- | --- | --- |
| **Within \_\_\_ days of notification** | 1 – Patient name2 – Patient address3 – Date Reported4 – Reporting Address for Case Counting5 – Count Status6 – Date Counted7 – Previous Diagnosis of TB Disease8 – Date of Birth9 – Sex at Birth10 – Ethnicity11 – Race12 – Country of Birth13 – Month-Year Arrived in U.S.14 – Pediatric TB Patients (<15 years old)15 – Status at TB Diagnosis16 – Site of TB Disease |  |
| **Within 1-\_\_\_ weeks after notification** | 17 – Sputum Smear21 – Nucleic Acid Amplification Test Result22A – Initial Chest Radiograph22B – Initial Chest CT Scan or Other Chest Imaging  Study23 – Tuberculin (Mantoux) Skin Test at Diagnosis24 – Interferon Gamma Release Assay for  *Mycobacterium tuberculosis* at Diagnosis25 – Primary Reason Evaluated for TB Disease25 – Primary Reason Evaluated for TB Disease26 – HIV Status at Time of Diagnosis27 – Homeless Within Past Year28 – Resident of Correctional Facility at Time of  Diagnosis29 – Resident of Long-Term Care Facility at Time of  Diagnosis30 – Primary Occupation Within Past Year31 – Injecting Drug Use Within Past Year32 – Non-Injecting Drug Use Within Past Year33 – Excess Alcohol Use Within Past Year34 – Additional TB Risk Factors35 – Immigration Status at First Entry to the U.S.36 – Date Therapy Started37 – Initial Drug Regimen |  |
| **Within \_\_\_ weeks of notification** | 17 – Sputum Smear18 – Sputum Culture19 – Smear/Pathology/Cytology of Tissue and Other Body Fluids20 – Culture of Tissue and Other Body Fluids |  |
| **No later than \_\_\_ weeks after the case has been culture confirmed** | **Initial Drug Susceptibility Report Follow Up Report-1**38 – Genotyping Accession Number39 – Initial Drug Susceptibility Testing40 – Initial Drug Susceptibility Results | CDC recommends that in the Initial Drug Susceptibility Report Follow Up Report -1 should **only** be **completed for culture-positive cases**  |
| **No later than \_\_\_ weeks after last dose of medication was provided to the patient** | **Case Completion Report Follow Up Report-2**43 – Date Therapy Stopped 44 – Reason Therapy Stopped or Never Started | Patients that are lost: assign disposition: assign disposition ASAP and finalize ASAP but no later than \_\_\_ months after the last dose of medication was provided |
| **Within \_\_\_ weeks of determining final disposition.**  | **Case Completion Report Follow Up Report-2**41 – Sputum Culture Conversion Documented 42 – Moved45 – Reason Therapy Extended > 12 Months 46 – Type of Outpatient Health Care Provider47 – Directly Observed Therapy (DOT)48 – Final Drug Susceptibility Testing49 – Final Drug Susceptibility Results | CDC recommends that in most cases this should be **no more than 12 months of starting therapy** |