

Sultanate of Oman  
 Ministry of Health  
 Directorate General of Health Affairs  
 Dept. of Communicable Disease Surveillance & Control  
 National Tuberculosis Control Programme

## Tuberculosis Monthly Report

Institution name:				<b>To: National TB Control Programme</b>			
Month & Year :				<b>Sputum Examination</b>	<b>Patients</b>	<b>Smears Positive</b>	<b>Smear Negative</b>
Name of Recorder:					<b>New</b>		
<b>Total out-patients</b>		<b>Total Chest X-rays</b>			<b>Old</b>		
				<b>Sputum Positive</b>	<b>Sputum Negative</b>	<b>Extra-pulmonary</b>	
1	Number of TB patients on treatment in previous month						
2	New cases put on treatment during this month						
3	Transferred - in - cases (write name of institution(s) and index No.)						
4	Re-treatment cases (write Index No.)						
5	Transferred - out - cases (write name of institution(s) and index No.)						
6	Lost cases (write Index No.)						
7	Repatriated / Transferred-out of Oman (write name of the country and Index No.)						
8	Cured cases (write Index No.)						
9	Treatment completed cases (write Index No.)						
10	Dead cases (Index No. & Death certificate is attached)						
11	Number of TB patients on treatment at end of this month (write index No.)						
12	Number of patients collected TB drugs during this month (Regular patients)						
13	Patients whose visit is awaited ie. Inside the 10 day grace period						
14	Defaulters (during this month)						
<b>Note:</b>							
- New OP's should exclude all speciality clinics statistics. ie. include only GOP.'s, MOP's & A&E							
- Please write the 'TB Index Number' of case(s) on treatment in column no.11 or attach a separate sheet							
- Please note that: 1+2+3+4 - 5 - 6 - 7 - 8 - 9 - 10 = 11							
- Original copy of the report, should reach NTCP on or before the 10th of the following month							
- Please fill in all the grey boxes							
Signature & Stamp of MOIC							