***[Replace this text with your organization’s identifier.]***

TUBERCULOSIS (TB) CONTACT INVESTIGATION (CI) SUMMARY REPORT

*[For internal use- decision making]*

*[your agency name, address, phone number]*

* Initial
* Final

Date: Index Case no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site name: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing dates: Initial: 8-10wk follow-up:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contacts  N (%) | Non-contacts  N (%) | Total  N (%) |
| **Screened** |  |  |  |
| Tuberculin Skin Test (TST)-negative |  |  |  |
| TST-positive |  |  |  |
| Previous positive |  |  |  |
| New positive |  |  |  |
| Documented converter |  |  |  |
|  |  |  |  |
| Interferon Gamma Release Assay (IGRA)- negative |  |  |  |
| IGRA- positive |  |  |  |
| Previous positive |  |  |  |
| New positive |  |  |  |
| Documented converter |  |  |  |
| IGRA- indeterminate |  |  |  |
|  |  |  |  |
| Chest X-Ray (CXR) recommended |  |  |  |
| CXR WNL |  |  |  |
| CXR abnormal consistent with TB |  |  |  |
| CXR not done |  |  |  |
|  |  |  |  |
| Diagnosed with Active TB disease |  |  |  |
| U.S.-born |  |  |  |
| Non-U.S. born |  |  |  |
|  |  |  |  |
| Diagnosed with Latent TB Infection (LTBI) |  |  |  |
| U.S.-born |  |  |  |
| Non-U.S.-born |  |  |  |
| Eligible for LTBI |  |  |  |
| Started on LTBI treatment |  |  |  |
| Refused treatment |  |  |  |
| Completed treatment |  |  |  |
|  |  |  |  |
| **Not screened** |  |  |  |
| Not tested |  |  |  |
| TST placed/not read |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

Comments/special considerations: