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

TUBERCULOSIS (TB) CONTACT INVESTIGATION (CI) SUMMARY REPORT

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

* Initial
* Final

Date: Case no:

Site name:

Testing dates: Initial: 2nd-round Testing:

Index case: ❑pulmonary ❑cavitary cxr ❑smear positive ❑culture positive ❑symptomatic

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contacts  N (%) | Non-contacts  N (%) | Total  N (%) |
| **Screened** |  |  |  |
| Number of contacts identified |  |  |  |
| Number of contacts fully evaluated |  |  |  |
| Not infected (TB I) |  |  |  |
| Infected without TB disease (TB II) |  |  |  |
| Prior positive |  |  |  |
| New positive |  |  |  |
| Converter |  |  |  |
| TB disease (TB III) |  |  |  |
| Old TB disease (TB IV) |  |  |  |
| TB suspect (TB V) |  |  |  |
|  |  |  |  |
| # of contacts eligible for LTBI treatment |  |  |  |
|  |  |  |  |
| Number starting LTBI treatment |  |  |  |
|  |  |  |  |
| Number completing LTBI treatment |  |  |  |
|  |  |  |  |
| Number of TB II who are: |  |  |  |
| U.S.-born |  |  |  |
| Non-US-Born |  |  |  |
| **Not screened** |  |  |  |
| Number of contacts not screened |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

Comments/special considerations: