			REPORT OF VERIFIED CASE
(Last)	(First)	(M.I.)	OF TUBERCULOSIS
	, , ,		(ZIP CODE)
		(Number, St	(Last) (First) (M.I.) (Number, Street, City, State)



ial Drug Susce	ptibility	Report					(Fc	ollow Up	Repoi
ear Counted	State Case Num	ber						_	_
	City/Count Case Numl								
bmit this report		culture-p	ositive	cases.					
Genotyping AccessionIsolate submitted for ger		ect one):	☐ No	Yes					
isolate submitted for go.	lotyping (ook	501 OHE _j .		103					
If YES, enter genotyping	accession n	umber for epi	sode:						
). Initial Drug Susceptib	ility Testing								
Was drug susceptibility	testing done?	(select one)	☐ No	Yes	Unknown				
If NO or UNKNOWN, do	not complet	e the rest of F	Follow Up Re	eport – 1					
If YES, enter date FIRS	Γ isolate colle	ected for which	h drug susc	eptibility	Enter specimen type:	Sputum			
testing was done: Month Day		Year			OR				
Widital Day	7	1641]		If no	ot Sputum, er	nter anatomic	code (see li	ist):
] — <u>——</u>						
). Initial Drug Susceptib	oility Results	(select one o	option for ea	ch drug)					
	Resistant	Susceptible	Not Done	<u>Unknown</u>		Resistant	Susceptible	Not Done	<u>Unknown</u>
Isoniazid					Capreomycin				
Rifampin					Ciprofloxacin				
Pyrazinamide					Levofloxacin				
Ethambutol					Ofloxacin				
Streptomycin					Moxifloxacin				
Rifabutin Rifapentine					Other Quinolones				
Ritabentine					Cycloserine				
		Ш			Para-Amino Salicylic Acid				
Ethionamide			1 1				1 1		
Ethionamide Amikacin				_	Other				
Ethionamide					Specify				
Ethionamide Amikacin	_			_	Specify Other				
Ethionamide Amikacin	_			_	Specify				
Ethionamide Amikacin Kanamycin	_			_	Specify Other				
Ethionamide Amikacin	_		<u> </u>	_	Specify Other				

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, CA 30333, ATTN: PRA (0920-0026). Do not send the completed form to this address.

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).