Virginia Department of Health TB Case Completion/Discontinue Report & Worksheet Fax to TB control program: 804-**416-5178** 



Date form completed			
Name	DOB		
PHN	Phone number		
Reason Therapy Stopped  Completed therapy Uncooperative or refused Not TB Other: (specify)	Date Therapy Stopped//Lost Adverse treatment event Died		
	e) Date of death//		
Related to TB disease Unrelated to TB disease	Related to TB therapy Unknown		
	Adverse drug reaction Treatment failure		
<ul> <li>Directions for completing dose count</li> <li>Include all treatment taken by DOT whether provided in VA or elsewhere</li> <li>Non-DOT doses should be rare and counted only if there are extenuating circumstances</li> <li>Facility doses should only be counted if facility documentation is provided</li> <li>Calculate each month's total weeks of treatment using the "Treatment completion calculation worksheet"</li> <li>From the worksheet, record the number of week of therapy in the line below</li> <li>Use the comment space below to detail non-DOT counted doses or undocumented facility counted doses, an explanation for changes in the planned treatment regimen, etc.</li> </ul>			
Total weeks of planned therapy	Total weeks of completed therapy		

## **Comments**

## Virginia Department of Health TB Case Completion/Discontinue Report & Worksheet Fax to TB control program: 804-371-0248



Count dos	ses, determine frequenc	cy and divide to calculate treatm	nent length in weeks	
Num	ber of doses	Number of Weeks If the quotien	nt includes a decimal to the 100ths	
= Number of Weeks Frequency of Administration  = Number of Weeks  ALWAYS round down, not up. e.g 2.35 = 2.3 wks				
Month	Number of Doses	Frequency of Administration	Weeks taken	

Add total weeks taken