QUARTERLY REPORT ON THE RESULTS OF TREATMENT OF PATIENTS REGISTERED 12-15 MONTHS EARLIER

District:.....	Name of DTCO:.....
Year:.....	Signature:.....
Quarter:.....	Date of completion of report:.....

Type of patient		Number Registered		Cured		Treatment completed		Treatment failure		Died		Defaulted		Transferred out		Remarks
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New cases	Smear +ve PTB															
	Smear –ve PTB															
	Extra-pulmonary TB															
	Total															
Re-treatment cases	Relapse															
	Treatment after failure															
	Treatment after default															
	Total															
Other	Cat 1															
	Cat 2															
Grand Total																