



**Tuberculosis and Hansen's Disease Unit
Targeted Testing Reporting Form 12-14427**

PLEASE PRINT. Please complete this report for screening activities occurring among special populations in your jurisdiction. The report is due no later than the 15th day of each month for testing done the previous month. Submit your report to the Assessment, Compliance and Evaluation (ACE) team via GlobalScape or email (cqiteam@dshs.texas.gov) if no protected health information (PHI) is included.

REPORTING PROGRAM	
Local Health Department (LHD)/ Public Health Region (PHR):	Reporting Month and Year:
Contact Person/Title:	Email Address:
Phone Number:	Fax Number:

[illegible]

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B. TREATMENT

Name of Targeted Testing Site	Number of people started on treatment for TB infection	Number of people who completed treatment for TB infection	Number of people started on treatment for confirmed/suspected TB disease	Number of people who completed treatment for confirmed TB disease

ADD

C. LIST OF SUSPECTS/CASES

Name (Last, First)	Name of Targeted Testing Site	NEDSS Investigation ID	DOB	Date Placed or Drawn	Date Read	Result (mm or +/-)	Chest X-Ray (CXR) Date	CXR Result	Symptom Screening	TB Condition	Treatment Start Date

ADD