HEADER

FINAL OUTCOME DETERMINATION FORM - COHORT A

Participant ID: ☐☐ SUBJID ☐☐☐☐☐☐☐☐ - A

Visit Date: ☐☐ VISDAT - ☐☐☐☐
D D M O N Y Y Y Y

Visit Type: ☐ 6-MO Post-TX ☐ TX F/R/W VISIT

Instructions: Document the outcome status at the participant's final visit. All participants must be assigned one outcome (as defined in Protocol Section, *Outcome Measures for Cohort A).*

TBTRTCOMPA

FINAL OUTCOME STATUS DETERMINATION:

1. Did the participant successfully complete the RNTCP-specified treatment regimen?
   - ☐ Yes TRTCOMP
   - ☐ No, defaulted ***(Defined as treatment interruption for two or more consecutive months)***
   - ☐ No, specify reason: TRTDCSP _____
   - ☐ Unknown

FINALOUTA

2. TB Outcome Status ***(Check ONE outcome status only)***:
   - ☐ Bacteriologic cure COHAOUTBC
   - ☐ Bacteriologic status indeterminate (treatment complete) COHAOUTBS
   - ☐ Bacteriologic failure COHAOUTBF
   - ☐ Bacteriologic relapse COHAOUTBR
   - ☐ Emerging resistance COHAOUTER
   - ☐ Clinical response ***(For participants ≤14 yrs of age who did not have bacteriologic documentation at baseline)*** COHAOUTCR
   - ☐ Clinical failure COHAOUTCF
   - ☐ Clinical relapse COHAOUTRE
   - ☐ Not Tuberculosis COHAOUTNTB
   - ☐ Death ***(select only if bacteriologic or clinical outcomes cannot be assigned***) COHAOUTDTH
   - ☐ Treatment incomplete COHAOUTTDC
   - ☐ Lost to follow-up/unknown COHAOUTLTF

PID: ☐☐☐–☐☐☐☐☐☐☐☐☐☐–A

Visit Date: ☐☐–☐☐☐–☐☐☐☐

3. If the participant had bacteriologic or clinical relapse or failure, indicate the site ***(check all that apply)***:

- ☐ Pulmonary COHALOCPUL
- ☐ Pleural COHALOCPLE
- ☐ Lymph node COHALOCLYM
- ☐ Abdominal COHALOCPER
- ☐ Bone COHALOCBON
- ☐ Joint COHALOCJNT
- ☐ Central nervous system COHALOCCNS
- ☐ Other, specify___COHALOCSP___ COHALOCOT