

UK Obstetric Surveillance System

## Tuberculosis in Pregnancy Study 06/05

Data Collection Form - CASE

### Case Definition:

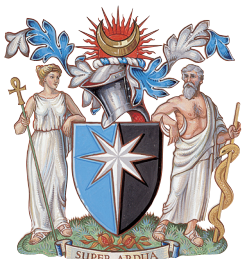
**EITHER** a diagnosis of TB confirmed by culture of Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis* and *M. africanum*) during pregnancy

**OR** in the absence of culture confirmation, signs and/or symptoms compatible with TB and treatment with two or more anti-tuberculous drugs during pregnancy.

Please return the completed form to:

**UKOSS**  
National Perinatal Epidemiology Unit  
University of Oxford  
Old Road Campus  
Oxford  
OX3 7LF

**Fax: 01865 289701**  
**Phone: 01865 289714**



Royal College of  
Obstetricians and  
Gynaecologists

Case reported in: \_\_\_\_\_

# Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Please record the ID number from the front of this form against the woman's name on the Clinician's Section of the blue card retained in the UKOSS folder.
3. Fill in the form using the information available in the woman's case notes.
4. Please complete all dates in the format DD/MM/YY.
5. If you encounter any problems with completing the form please contact the UKOSS Administrator.

## Section 1: Woman's details

**1.1 Year of birth**

**1.2 Final Estimated Date of Delivery (EDD)**

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## Section 2: Diagnosis of TB

**2.1 Has TB been confirmed by culture of *M. tuberculosis* complex?**

Yes  No

If Yes, what was the date of diagnosis? (If known)

 /  / 

**2.2 Has treatment for TB been commenced?**

Yes  No

If Yes, when was treatment started?

 /  / 

How many different anti-tuberculosis drugs are being prescribed?

## Section 3:

**Name of person completing the form** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Today's date**

 /  / 

You may find it useful in the case of queries to keep a copy of this form.

If you are unable to make a copy please tick the box