

Quick Reference Form Instructions



Section A: Demographic Information

Field #	Field name	Field Definition	Instructions/Comments
A1	Name (Last, First, Middle)	Last, first, and middle name of the immigrant/refugee (I/R).	Field is prepopulated by EDN.
A2	Alien Number	Alien number of the I/R.	Field is prepopulated by EDN.
A3	Visa Type	Visa classification of the I/R, as determined by the Department of State.	Field is prepopulated by EDN.
A4	Initial U.S. Entry Date	Month, day, and year the I/R originally arrived to the U.S., as documented by CDC Quarantine Station or U.S. Customs and Border Protection (CBP)	Field is prepopulated by EDN.
A5	Age	Age of the I/R at the time of U.S. arrival.	Field is prepopulated by EDN. General Note: System calculates by date of birth and date of arrival to the U.S.
A6	Gender	Gender of the I/R at birth	Field is prepopulated by EDN.
A7	DOB	Month, day, and year the I/R was born.	Field is prepopulated by EDN.
A8	TB Class	Tuberculosis (TB) class of the I/R, as determined by the overseas Panel Physician.	Field is prepopulated by EDN.
A9	Class Condition	Health condition of the I/R, as determined by the overseas Panel Physician.	Field is prepopulated by EDN.
A10	Country of Examination	Country where the I/R was examined by Panel Physician.	Field is prepopulated by EDN.

Field #	Field name	Field Definition	Instructions/Comments
A11	Country of Birth	The birth country of the I/R.	Field is prepopulated by EDN.
A12	Data Entry Q-Station	Port where I/R arrived into the U.S., as documented by CDC Quarantine Stations or CBP	Field is prepopulated by EDN.
A13	Officer in Charge	Name of CDC Quarantine Public Health Officer in charge for identified port of entry or regional contact.	Field is prepopulated by EDN.
A14	Q-Station Phone	Phone number for CDC quarantine officer in charge for identified port of entry or regional contact.	Field is prepopulated by EDN.
A15a	Sponsor Name	Immigrant (I): Name of person responsible for the immigrant, as documented on the travel visa forms. Refugee I: Name of sponsor for refugee, as documented on the refugee placement assurance form.	Field is prepopulated by EDN.
A15b	Sponsor Address	I: Street address, city, state, and zip code of person responsible for of immigrant. R: Street address, city, state, and zip code of sponsor, as documented on the refugee placement assurance form.	Field is prepopulated by EDN.
A15c	Sponsor Phone	I: Area code and phone number for person responsible for the immigrant. R: Area code and phone number of sponsor, as documented on the refugee placement assurance form.	Field is prepopulated by EDN.
A16a	Sponsoring Agency Name	I: N/A R: Name of voluntary sponsoring agency for resettlement.	Field is prepopulated by EDN.
A16b	Sponsoring Agency Phone	I: N/A R: Area code and phone number for identified sponsoring agency.	Field is prepopulated by EDN.
A16c	Sponsoring Agency Address	I: N/A R: Street address, city, state, and zip code for identified sponsoring agency.	Field is prepopulated by EDN.

Section B. Jurisdictional Information

Field #	Field Name	Field Definition	Instructions/Comments
B1	Destination State	Identified state for relocation, based on travel visa forms or sponsoring agency information.	Field is prepopulated by EDN.
B2	Jurisdiction	Identified jurisdiction for relocation, based on identified state, travel visa forms, or sponsoring agency information.	Field is prepopulated by EDN.
B3	Jurisdiction Phone #	Area code and phone number for local or state jurisdictional contact.	Field is prepopulated by EDN.

Section C. Data Items C1-C3: U.S. Evaluation

Field #	Field name	Field Definition	Instructions/Comments
C1	Date of Initial U.S. Medical Evaluation	Month, day, and year the medical examination for the I/R was initiated by a U.S. medical provider, resulting in initial TB screening or medical assessment.	Indicate the date the I/R first received an evaluation for TB in the U.S. Please do not enter the date the health department first contacted the I/R.
C2a	TST Placed	Inquiry if the immigrant or refugee received a tuberculin skin test (TST). <ul style="list-style-type: none"> • 'Yes' – means the immigrant or refugee received a TST. • 'No' – means the immigrant or refugee did not receive a TST. 	Indicate if the immigrant or refugee received a TST. IMPORTANT: If a TST was not placed on the I/R, please leave the rest of the section blank and go to the QFT section.
C2b	TST Placement Date	The month, day, and year the TST was placed in the U.S.	Indicate the date the TST was placed , <i>not</i> read. <div style="border: 1px solid black; padding: 5px;">Clinical Note: Either a TST or IGRA should be performed during the U.S. examination for TB, unless overseas testing results are available. There is no reason to repeat a TST if a documented previous positive TST result is available.</div>

Field #	Field Name	Field Definition	Instructions/Comments
C2c	TST mm	The U.S. TST measurement in millimeters of induration.	Indicate the millimeters of induration for the U.S. TST.
C2d	TST Interpretation	<p>Interpretation of the TST per CDC guidelines.</p> <ul style="list-style-type: none"> • ‘Positive’ – means that the I/R is likely infected with <i>M. tuberculosis</i>. • ‘Negative’ – means that the skin test did not meet criteria for a positive test. • ‘Unknown’ – means it is not known whether the skin test was performed or the results are not known, for reasons other than pending. 	<p>Enter the interpretation of the TST performed during the U.S. follow-up examination.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Clinical Note: CDC guidelines for TST interpretation can be found on the following website: http://ajrccm.atsjournals.org/content/161/4/1376.full</p> </div>
C2e	History of Previous Positive TST	<p>Inquiry if the immigrant or refugee has a medical history of a previous positive TST.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> – An unmarked check box means there is no history of a previous positive TST. • <input checked="" type="checkbox"/> – A marked check box means there is a history of a previous positive TST. 	<p>Indicate if there is a history of a previous positive TST. Indicate a previous positive history only if it is documented on a medical record.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Clinical Note: Either a TST or an IGRA should be performed during the domestic medical screening examination, unless overseas testing results are available.</p> </div>
C3a	QuantiFERON® (QFT) Test	<p>Inquiry if the I/R received a QFT test in the U.S. during follow-up examination</p> <ul style="list-style-type: none"> • ‘Yes’ – means the I/R received a QFT test in the U.S. • ‘No’ – means the I/R did not receive a QFT test in the U.S. • ‘Unknown’ – means it is not known if the I/R received a QFT test in the U.S. 	<p>Indicate whether the I/R received a QFT test in the U.S. during the follow-up examination.</p> <div style="border: 1px solid black; padding: 5px;"> <p>EDN Data Entry Note: If a different IGRA brand was used, please indicate the results in this section AND indicate the brand used in the comments section F.</p> <p style="text-align: center;"><u>Or</u></p> <p>Leave section blank and enter results in comments section F.</p> </div>
C3b	QFT Collection Date	Month, day, and year the I/R received a QFT test in the U.S.	Indicate the month, day, and year the immigrant or refugee had a QFT test done.

Field #	Field Name	Field Definition	Instructions/Comments
C3c	QFT Result	<p>Result of a QFT test provided in the U.S.</p> <ul style="list-style-type: none"> • ‘Positive’ – means that it is probable that the I/R is infected with <i>M. tuberculosis</i>. • ‘Negative’ – means that it is unlikely that the I/R is infected with <i>M. tuberculosis</i>. • ‘Unknown’ – means it is not known whether the QFT was performed, or if the results are not known. • ‘Indeterminate’ – means it is uncertain if the I/R is infected with <i>M. tuberculosis</i>. 	<p>Indicate the result of a QFT test performed during the U.S. evaluation. If it is not known if the I/R received a QFT test or what the result of the QFT test was, please indicate ‘Unknown’.</p>

Section C. Data Items C4-C11: U.S. Review of Overseas CXR

Field #	Field name	Field Definition	Instructions/Comments
C4	Overseas CXR Available?	<p>Inquiry if I/R provided the overseas chest radiograph to the U.S. medical provider.</p> <ul style="list-style-type: none"> • ‘Yes’ – means the I/R provided his/her overseas chest radiograph to the U.S. medical provider during the U.S. examination. • ‘No’ – means the I/R did not provide his/her overseas chest radiograph to the U.S. medical provider during the U.S. examination. • ‘Not Verifiable’ – means that a chest radiograph had been provided to the U.S. medical provider, but it could not be verified as belonging to the applicant (i.e., fraudulent or mistaken radiograph). 	<p>Indicate if the overseas chest radiograph was provided to the U.S. medical provider. A report of overseas chest radiograph findings is not acceptable.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Clinical Note: The chest radiograph should have at least a name, date of birth, or other personal identifier. If the overseas chest radiograph has no name, date of birth, or other personal identifier, it should be considered ‘Not Verifiable’.</p> </div>
C5	U.S. Interpretation of Overseas CXR	<p>U.S. interpretation of the overseas chest radiograph as made by the U.S. medical provider.</p> <ul style="list-style-type: none"> • ‘Normal’ – means the radiograph appeared to be normal. • ‘Abnormal’ – means the radiograph appeared to be abnormal. • ‘Poor quality’ – means the radiograph was judged to be of substandard quality. • ‘Unknown’ – means results of U.S. interpretation of the overseas chest radiograph are not known. 	<p>If the overseas chest radiograph was verified and available, indicate the <u>U.S. medical provider’s</u> interpretation of the chest radiograph taken overseas.</p> <p>If the overseas chest radiograph was interpreted as ‘Abnormal,’ abnormal findings may be indicated in C6.</p>

Field #	Field name	Field Definition	Instructions/Comments
C6	Overseas CXR Findings	<p>Inquiry of Overseas chest radiograph findings.</p> <ul style="list-style-type: none"> • Abnormal, not TB • Infiltrate • Cavity • Isolated granuloma • Fibrosis • Other (Specify) 	<p>Indicate abnormal findings of overseas CXR. If an abnormal finding is not listed as one of the options available on the worksheet, medical providers may indicate as 'Other (Specify)' and specify the abnormality in section F.</p> <div style="border: 1px solid black; padding: 5px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the 'Other (Specify)' option in the data item.</p> </div>
C7	U.S. CXR done?	<p>Inquiry if a CXR was done in the U.S..</p> <ul style="list-style-type: none"> • 'Yes' – means a chest radiograph was done by a U.S. medical provider. • 'No' – means a chest radiograph was not done by a U.S. provider. • 'Not Verifiable' – means it is not known whether a chest radiograph was performed or chest radiograph was not verifiable. 	<p>Indicate if a CXR was done during the follow-up examination in the U.S.</p>
C8	Date of U.S. CXR	<p>Month, day, and year the U.S. chest radiograph was taken.</p>	<p>Indicate the month, day, and year a chest radiograph was taken during the U.S. evaluation.</p>
C9	U.S. Interpretation of U.S. CXR	<p>Interpretation of the U.S. radiograph.</p> <ul style="list-style-type: none"> • 'Normal' – means the radiograph appeared to be normal. • 'Abnormal' – means the radiograph appeared to be abnormal. • 'Unknown' – means it is not known if a chest radiograph was done or the result of the U.S. chest radiograph is unknown. 	<p>Indicate the interpretation of the chest radiograph taken in the U.S. If the domestic chest radiograph was interpreted as 'Abnormal' by the U.S. medical provider, abnormal findings may be indicated in C10.</p> <div style="border: 1px solid black; padding: 5px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the 'Other (Specify)' option in the data item.</p> </div>

Field #	Field name	Field Definition	Instructions/Comments
C10	U.S. CXR Abnormal Findings	<p>Inquiry if the U.S. chest radiograph is abnormal. Define the abnormality.</p> <ul style="list-style-type: none"> • Abnormal, not TB • Infiltrate • Cavity • Isolated granuloma • Fibrosis • Other (Specify) 	<p>Indicate abnormal findings of the CXR done in the U.S.. If an abnormal finding is not listed as one of the options available on the worksheet, medical providers may indicate as 'Other (Specify)' and specify the abnormality in section F.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the 'Other (Specify)' option in the data item.</p> </div>
C11	U.S. Comparison to Overseas CXR:	<p>Comparison of the overseas chest radiograph and the U.S. chest radiograph by a U.S. medical provider.</p> <ul style="list-style-type: none"> • 'Stable' - means findings are similar for overseas and U.S. CXR. • 'Worsening' - means findings represent worsening TB disease, based on comparison. • 'Improving' - means findings represent improvement of TB disease, based on comparison. • 'Unknown' - means the comparison result is unknown. 	<p>Indicate the comparison of the overseas chest radiograph and the U.S. chest radiograph made by the medical provider.</p>

Section C. Data Item C12: U.S. Sputum Microscopy/Bacteriology

Field #	Field name	Field Definition	Instructions/Comments
C12	Specimen not collected in U.S.	<p>Inquiry if specimen was collected during the TB follow-up exam in the United States.</p> <ul style="list-style-type: none"> • ‘<input type="checkbox"/>’ - An unmarked check box means specimens were collected in the U.S. • ‘<input checked="" type="checkbox"/>’ - A marked check box means specimens were not collected in the U.S. 	<p>Indicate if specimens were not collected during the TB follow-up examination in the U.S. by marking the checkbox. If specimens were collected in the U.S., please leave check box blank.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>General Note: Please exclude results for extrapulmonary TB. Include results for pulmonary TB only.</p> </div>
C12	Spec Source	The source of the specimen (e.g., sputum, bronchial washing)	Indicate the specimen source.
C12	Specimen #	Numbers 1-3 for each specimen entry (system-generated with a maximum of three).	Specimen number is pre-printed to allow the recording results for three sputum specimens that were collected during the U.S. examination.
C12	Date	Month, day, and year each sputum specimen was collected.	Indicate the month, day, and year each specimen was collected. Do not include dates of culture and AFB smear testing.
C12	AFB Smear Result	<p>U.S. sputum smear microscopy results.</p> <ul style="list-style-type: none"> • ‘Not Done’ - means an acid-fast bacilli smear is known not to have been done. • ‘Positive’ – means the specimen was positive for acid-fast bacilli. • ‘Negative’ - means the specimen was negative for acid-fast bacilli. • ‘Unknown’ - means it is not known if a specimen smear was performed, or the results are not known for a reason other than pending results (e.g., result was lost or specimen contaminated, sample was insufficient, and no other specimens can be obtained). 	Indicate the result of each specimen under the corresponding specimen number.

Field #	Field name	Field Definition	Instructions/Comments
C12	Culture Result	<p>U.S. sputum culture results.</p> <ul style="list-style-type: none"> • ‘Not Done’ - means a specimen culture test for acid-fast bacillus is known to have <u>not been done</u>. • ‘NTM’ - means results are <u>positive</u> for growth of non-tuberculosis mycobacterium. • ‘Negative’ - means the specimen was <u>negative</u> for growth of mycobacterium. • ‘Contaminated’ - means a specimen culture test for acid-fast bacillus is known to have been <u>contaminated</u>. • ‘MTB Complex’ - means specimen result is <u>positive</u> for growth of mycobacterium tuberculosis complex (<i>M. tuberculosis</i>, <i>M. bovis</i>, <i>M. africanum</i>). • ‘Unknown’ - means it is <u>not known</u> if specimen culture test for acid-fast bacilli was performed, or if the results are not known for a reason other than pending results (e.g., result was lost or no other specimens can be obtained). 	Indicate culture result for each specimen under the corresponding specimen number.
C12	Drug Resistance	<p>U.S. drug susceptibility testing results for first-line drugs:</p> <ul style="list-style-type: none"> • ‘Not Done’ – means it is known that drug resistance testing was <u>not</u> done. • ‘No DR – means the specimen culture was found to <u>not be resistant</u> to first-line drugs. • ‘Mono-INH’ - means specimen culture was found to be <u>resistant to isoniazid alone</u> (regardless of concentration level). • ‘Mono-RIF’ - means specimen culture was found to be <u>resistant to Rifampin alone</u>. 	Select appropriate drug susceptibilities for each specimen.

Field #	Field name	Field Definition	Instructions/Comments
C12	Drug Resistance (continued)	<ul style="list-style-type: none"> • 'MDR-TB' – means specimen culture was found to be resistant to at least both Isoniazid and Rifampin. • 'Other DR - means specimen culture was found to be resistant to drugs other than Isoniazid or Rifampin. 	Select appropriate drug susceptibilities for each specimen.

Section C. Data Items C13 to C17:U.S. Review of Overseas Treatment

Field #	Field name	Field Definition	Instructions/Comments
C13	Overseas Treatment Recommended by Panel Physician	<p>Overseas treatment recommended by Panel Physician:</p> <ul style="list-style-type: none"> • 'Yes' - means treatment recommendation was documented on the DS forms/medical packet. • 'No' - means treatment recommendation was not documented on the overseas medical forms. • 'Unknown' - means it was not known if this information was documented on the DS forms/medical packet. 	<p>Indicate if the overseas panel physician recommended treatment for latent TB infection or TB disease.</p> <p>If a U.S. medical provider did not review the overseas medical treatment information or it is unknown whether a U.S. medical provider reviewed treatment information, C14. – C17 may be left blank.</p>
C14	U.S. Review of Overseas Treatment	<p>Inquiry if the I/R was started on treatment overseas</p> <ul style="list-style-type: none"> • 'Yes' - means the I/R started treatment overseas for TB <ul style="list-style-type: none"> ○ 'Patient-Reported'- means that the provider received treatment information from the I/R. ○ 'Panel Physician-Documented' – means the provider received treatment information from the overseas medical forms. 	<p>Indicate if the I/R started treatment for latent TB infection (LTBI) or TB disease, as determined by information obtained from the overseas medical forms or by I/R self-report.</p> <div style="border: 1px solid black; padding: 5px;"> <p>General Note: Information on overseas TB treatment, as documented on Department of State medical forms, is located on the following pages: DS-2053: Page 2 under Section 4 entitled 'Tuberculosis Treatment Regimen.' DS-2054: Page 3 under Section 4 entitled 'Tuberculosis Treatment Regimen.'</p> </div>

Field #	Field name	Field Definition	Instructions/Comments
C14	U.S. Review of Overseas Treatment (continued)	<ul style="list-style-type: none"> ○ 'Both'- means the provider received treatment information from both the I/R and the overseas medical forms. ● 'No' – means the U.S. medical provider did not review overseas treatment. ● 'Unknown' – means it is not known if the U.S. medical provider reviewed overseas treatment. 	<p>Indicate if the I/R started treatment for latent TB infection (LTBI) or TB disease, as determined by information obtained from the overseas medical forms or by I/R self-report.</p> <div style="border: 1px solid black; padding: 5px;"> <p>General Note: Information on overseas TB treatment as documented on Department of State medical forms are located on the following pages: DS-2053: Page 2 under Section 4 entitled 'Tuberculosis Treatment Regimen'. DS-2054: Page 3 under Section 4 entitled 'Tuberculosis Treatment Regimen'.</p> </div>
C15	Arrived on Treatment	<p>Inquiry if the I/R was on TB treatment upon arrival to the U.S.</p> <ul style="list-style-type: none"> ● 'Yes' - means the I/R was on TB treatment upon arrival to the U.S. ● 'No' - means the I/R was not on TB treatment upon arrival to the U.S. ● 'Unknown' - means it was not known whether the I/R was on TB treatment on arrival to the U.S. 	<p>Indicate if the I/R was on TB treatment on arrival to the U.S.</p> <div style="border: 1px solid black; padding: 5px;"> <p>General Note: Can be determined by an I/R self-report and/or documentation provided on the overseas medical forms that were given to the U.S. medical provider.</p> </div>
C16	Completed Treatment Overseas	<p>Inquiry if the I/R completed TB treatment overseas, as documented by the overseas medical forms.</p> <ul style="list-style-type: none"> ● 'Yes' - means I/R completed TB treatment overseas. ● 'No' - means I/R did not complete TB treatment overseas. ● 'Unknown' - means it is not known whether the I/R completed TB treatment overseas. 	<p>Indicate if the I/R completed treatment overseas, through information obtained from the overseas medical forms.</p>

Field #	Field name	Field Definition	Instructions/Comments
C17	Overseas Treatment Concerns	<p data-bbox="443 212 1194 331">Inquiry if the U.S. medical provider raised concerns about inadequate or inappropriate drug regimen, drug doses, or treatment length for overseas treatment.</p> <ul data-bbox="443 370 1163 542" style="list-style-type: none"> <li data-bbox="443 370 1163 451">• 'Yes' - means the medical provider raised concerns regarding overseas treatment <li data-bbox="443 461 1163 542">• 'No' – means the medical provider did not raise concerns regarding overseas treatment 	<p data-bbox="1220 212 1986 240">Indicate if there are concerns with the overseas treatment.</p> <div data-bbox="1220 386 2003 542" style="border: 1px solid black; padding: 5px;"> <p data-bbox="1220 396 1986 542">General Note: The U.S. medical provider may indicate concerns in the comments section. If the U.S. medical provider indicates concerns, please contact edn@cdc.gov to report them.</p> </div>

Section D. Disposition

Field #	Field name	Field Definition	Instructions/Comments
D1	Disposition Date	Month, day, and year the evaluation disposition was determined.	Indicate the month, day and year when the evaluation disposition or endpoint was determined.
D2	Evaluation Disposition	<p>The U.S. evaluation outcome.</p> <ul style="list-style-type: none"> • ‘Completed evaluation’ - means the evaluation led to a <u>final TB diagnosis</u>. <ul style="list-style-type: none"> ○ ‘Treatment Recommended’ – means that treatment <u>was recommended</u> by the U.S. Medical provider. ○ ‘No treatment recommended’ - means that treatment <u>was not recommended</u> by the U.S. Medical provider. • ‘Initiated Evaluation/Not Completed’ – means a U.S. evaluation had been initiated for an I/R but has not been completed for one of the following reasons: <ol style="list-style-type: none"> 1. ‘Moved within U.S.’ – means the I/R was located but moved to another jurisdiction before completing the evaluation. 2. ‘Lost to follow-up’ - means the I/R was located but failed to return to complete the evaluation. 3. ‘Returned to country of origin’ - means the I/R was located, but returned to the country of origin prior to completion. 	<p>Indicate the outcome of the U.S. TB follow-up evaluation.</p> <p>If an evaluation has been completed in which a final American Thoracic Society TB diagnosis was made by a U.S. medical provider, please report treatment initiation and completion information in Section E. U.S. Treatment.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the ‘Other (Specify)’ option.</p> <p>General Note: If a final TB diagnosis has been made, ‘Completed Evaluation’ should be selected as the disposition outcome regardless of treatment completion.</p> </div>

Field #	Field name	Field Definition	Instructions/Comments
D2	Evaluation Disposition (continued)	<p>4. 'Refused evaluation' - means the I/R was located but refused to initiate the U.S. evaluation.</p> <p>5. 'Died' - means the I/R was located but died prior to completing a U.S. evaluation.</p> <p>6. 'Unknown' - means the I/R was located but the evaluation disposition of the I/R is not known.</p> <p>7. 'Other' - means the I/R was located, initiated an evaluation, and evaluation disposition is another reason.</p> <ul style="list-style-type: none"> • 'Did not Initiate Evaluation' – means that a U.S. evaluation was not initiated for one of the following reasons: <ol style="list-style-type: none"> 1. 'Not located' – means the health department was not able to locate the I/R. 2. 'Moved within U.S.' - means the I/R was located but moved to another jurisdiction before an evaluation could be initiated. 3. 'Lost to follow-up' - means the I/R was located, but an evaluation was not initiated for reasons other than moving (e.g., I/R never returned phone calls from health department). 4. 'Returned to country of origin' - means the I/R was located but returned to the country of origin before an evaluation could be initiated. 5. 'Refused evaluation' - means the I/R was located but refused to initiate the U.S. evaluation. 6. 'Died' - means the I/R was located but died before an evaluation could be initiated. 	<p>Indicate the outcome of the U.S. TB follow-up evaluation.</p> <p>If an evaluation has been completed in which a final TB diagnosis, according to American Thoracic Society (ATS) criteria, was made by a U.S. medical provider, please report treatment initiation and completion information in Section E. U.S. Treatment.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the 'Other (Specify)' option.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>General Note: If a final TB diagnosis has been made, 'Completed Evaluation' should be selected at the disposition outcome, regardless of treatment completion.</p> </div>

Field #	Field name	Field Definition	Instructions/Comments
D2	Evaluation Disposition (continued)	<p>7. 'Unknown' - means the I/R was located but it is unknown why the evaluation was not initiated</p> <p>8. 'Other' - means the I/R was located but an evaluation was not initiated for reasons other than those listed above. Please specify under the comments in section F.</p>	<p>Indicate the outcome of the U.S. TB follow-up evaluation.</p> <p>If an evaluation has been completed in which a final ATS TB diagnosis was made by a U.S. medical provider, please report treatment initiation and completion information in Section E., U.S. Treatment.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>EDN Data Entry Note: When entering information in EDN, comments can be entered directly under the 'Other (Specify)' option.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>General Note: If a final TB diagnosis has been made, 'Completed Evaluation' should be selected at the disposition outcome, regardless of treatment completion.</p> </div>
D3	Diagnosis	<p>Final U.S. TB diagnosis made by the medical provider.</p> <ul style="list-style-type: none"> • 'Class 0' – means no exposure to TB • 'Class 1' – means TB exposure but no evidence of infection • 'Class 2' – means TB infection, no disease (latent TB infection) • 'Class 3' – means active TB disease <ul style="list-style-type: none"> ○ 'Pulmonary' – means the I/R was diagnosed with pulmonary TB disease ○ 'Extrapulmonary' – means the I/R was diagnosed with extrapulmonary disease • 'Class 4' – means old, healed, inactive TB disease 	<p>Indicate the final TB diagnosis for those with a completed U.S. evaluation.</p> <p>Please refer to the American Thoracic Society Diagnostic Standards and Classification of Tuberculosis in Adults and Children.</p> <p>For more information, please refer to the following website: http://ajrccm.atsjournals.org/content/161/4/1376.full</p>

Field #	Field name	Field Definition	Instructions/Comments
D4	RVCT Reported	<p data-bbox="510 212 1335 331">Inquiry of whether an I/R who was diagnosed with active TB disease was reported to the national TB surveillance system, Report of a Verified Case of Tuberculosis (RVCT).</p> <ul data-bbox="510 370 1335 537" style="list-style-type: none"> <li data-bbox="510 370 1335 451">• <input type="checkbox"/> - An unmarked check box means I/R was not reported to RVCT. <li data-bbox="510 459 1335 537">• <input checked="" type="checkbox"/> - A marked check box means I/R <u>was reported</u> to RVCT. 	<p data-bbox="1356 212 1986 418">Indicate whether the I/R who was diagnosed with active TB disease during the U.S. follow-up examination was reported to the national TB surveillance system, Report of a Verified Case of Tuberculosis (RVCT).</p>
D5	RVCT #	<p data-bbox="510 557 1335 630">The RVCT # assigned to the I/R who was diagnosed with active TB disease when reported to RVCT.</p>	<p data-bbox="1356 557 1986 630">If you are reporting this patient to RVCT, please provide the RVCT number.</p>

Section E: U.S. Treatment

Field #	Field name	Field Definition	Instructions/Comments
E1	U.S. Treatment Initiated	<p>Inquiry if U.S. treatment was initiated for an I/R who was recommended treatment by a U.S. medical professional.</p> <ul style="list-style-type: none"> • ‘No Treatment’ - means <u>no TB treatment</u> was initiated. • ‘Active Disease’ – means treatment for <u>active TB disease</u> was initiated. • ‘LTBI’ - means treatment for <u>latent TB infection</u> was initiated. • ‘Unknown’ - means it is <u>not known</u> if treatment was initiated. 	<p>Indicate if treatment was initiated for an I/R who was recommended treatment by a U.S. medical professional. Please differentiate between treatment for active TB disease or a latent TB infection (LTBI).</p> <div style="border: 1px solid black; padding: 5px;"> <p>General Note: If a final diagnosis was made by a U.S. medical provider and no treatment was recommended, please indicate “No Treatment.” U.S. Treatment Start Date, U.S. Treatment Completed, and Treatment End Date data items should be left blank.</p> </div>
E2	U.S. Treatment Start Date	<p>Month, day, and year U.S. treatment was started.</p>	<p>Indicate the date the I/R started treatment for either LTBI or TB disease in the U.S.</p>
E3	U.S. Treatment Completed	<p>Inquiry if U.S. treatment was completed for I/R who initiated treatment with U.S. medical provider.</p> <ul style="list-style-type: none"> • ‘Yes’ – means the recommended course of TB treatment has been <u>completed</u>. • No’ - means the recommended course of TB treatment was <u>not completed</u>. • ‘Unknown’ – means that it is <u>not known</u> if treatment was completed. 	<p>Indicate if treatment was completed for the I/R by a U.S. medical provider.</p>

Field #	Field name	Field Definition	Instructions/Comments
E4	U.S. Treatment End Date	Month, day, and year U.S. treatment ended.	Indicate the date (month, day and year) the treatment ended.

Section F: Comments

Field #	Field name	Field Definition	Instructions/Comments
F	Comments	N/A	Enter comments as desired.

Section G: Screen Site Information

Field #	Field name	Field Definition	Instructions/Comments		
G	Provider's Name	The name of the U.S. medical provider who performed the U.S. medical examination of the I/R.	Indicate the name of the U.S. medical provider who performed the U.S. examination.		
G	Clinic Name	The name of the U.S. medical provider affiliated with the clinic.	Indicate the name of the U.S. medical provider affiliated with the clinic.		
G	Telephone Number	The telephone number of the U.S. medical provider affiliated with the clinic	Indicate the telephone number of the U.S. medical provider affiliated with the clinic		
G	Physician Signature	The signature of the U.S. medical provider provided on the paper copy of the worksheet.	<p>The U.S. medical provider can sign the worksheet.</p> <table border="1"> <tr> <td> <p>Clinical Note: Any staff member who provided medical services to the I/R may sign the worksheet. Signature does not have to be from a physician.</p> </td> </tr> <tr> <td> <p>General Note: The signature is not required for EDN reporting.</p> </td> </tr> </table>	<p>Clinical Note: Any staff member who provided medical services to the I/R may sign the worksheet. Signature does not have to be from a physician.</p>	<p>General Note: The signature is not required for EDN reporting.</p>
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<p>General Note: The signature is not required for EDN reporting.</p>					

Field #	Field name	Field Definition	Instructions/Comments
G	Date	The month, day, and year the U.S. medical provider signed the worksheet.	<p data-bbox="1213 212 1913 285">Indicate the month, day, and year the worksheet was signed by the U.S. medical provider.</p> <div data-bbox="1220 321 1990 440" style="border: 1px solid black; padding: 5px;"> <p data-bbox="1226 329 1976 435">General Note: Worksheet does not have to be signed by the attending physician. The signature of a nurse or physician's assistant is allowed.</p> </div>