



CureTB Contact/Source Investigation (CI/SI) Notification

Division of Global Migration Health | E-mail: curetb@cdc.gov | Telephone: 619-542-4013
Web address: www.cdc.gov/cureTB

OMB APPROVED
CONTROL NO 0920-1186
EXP DATE: 2/29/2024

¹Referring Jurisdiction: _____ ¹Date sent: _____
City County State

¹Contact person: _____ ¹Telephone: _____ Ext: _____ Fax: _____

Referring Agency: _____ E-Mail Address: _____

Index Patient Information for: Contact Investigation Source Investigation

A. Index Patient Information

¹Name: _____ Sex: M F
Paternal Maternal First Middle

Alias: _____ DOB or Age: _____ Parent's Name (if child for SI): _____

Number Street Apt City
County State Zip code Home Phone: _____ Cell: _____

Check if patient/parent not currently home. Current location: _____ Tel: _____

Contact person Name: _____ Home Phone: _____ Cell: _____

Relationship: _____ E-Mail Address: _____

Clinical Information:

Site(s) of disease: Pulmonary Meningeal Disseminated Other(s), specify: _____

² Date of collection	² Specimen type	² Smear	Culture	Susceptibility			Treatment:	Start Date:
				Drug	Sens	Res		
				INH			Comments:	
				RIF				
				EMB				
				PZA				

HIV Diabetes No Symptoms Symptoms,specify: _____

B. Contacts/Possible Sources

Primary Address of Exposure

Address: _____
Country: _____ Telephone: _____

Name	DOB or Age	Relationship to index Patient	Date Last Exposure	Phone # (H=Home; C=Cell)	Risk Factors			Sx	On Tx
					≤ 5 y/o	HIV/AIDS	Immunosuppression		

Other Address of Exposure

Address: _____
Country: _____ Telephone: _____

Name	DOB or Age	Relationship to index Patient	Date Last Exposure	Phone # (H=Home; C=Cell)	Risk Factors			Sx	On Tx
					≤ 5 y/o	HIV/AIDS	Immunosuppression		

Comments: _____

1. Fields required to initiate the referral process
 2. Please send imaging and laboratory reports as attachments
 3. Please attach additional information, as needed.
 4. Please contact us via phone to confirm your referral was received

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1186

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