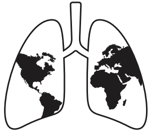

CureTB Referral Outcome Notification

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

Date: ____________________

To: ____________________ **From:** ____________________

Phone/Fax: ____________________ **Phone:** ____________________

Email: ____________________ **Email:** ____________________

Patient Name: ____________________

DOB: ____________________ **ID Number:** ____________________ **A:** ; **BOP:** ; **USM:** ; **Other:**

Referring Org.: ____________________ **Date Referral Received:** ____________________

Referral made by: ____________________

Phone: ____________________ **E-Mail:** ____________________

CureTB Referral Manager: ____________________

Phone: ____________________ **E-Mail:** ____________________

Referral outcome: Preliminary Final

Active/Verified TB Patient:

Continues treatment

Cured Date: ____________________
(Used in for cases with negative smears at the end of treatment.)

Lost- Insufficient initial information to locate patient

Lost- Arrived, but lost to follow-up

Lost- Never found at intended location

Died Date: ____________________

Completed treatment Date: ____________________
(Used in for cases without smear collection at the end of treatment.)

Refused/Abandoned treatment

Treatment stopped by provider

Referral Not Required*

Moved back to US: City: ____________________, State: ____________________

Clinical History Request: Obtained* Not Obtained Referral Not Required*

***Comments:**

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