# Texas Department of State Health Services - TB Program
# Report of Serious Adverse Drug Reaction Resulting in Hospitalization or Death

Patient Name | SSN | Date of Birth

This patient is under treatment for (please circle) Latent TB Infection Active TB Disease

Treatment regimen when symptoms of adverse drug reaction were first reported

| Name of Drug | Dose | Frequency | Name of Drug | Dose | Frequency |
|---|---|---|---|---|---|
| isonaizid | | | kanamycin | | |
| rifampin | | | streptomycin | | |
| pyrazinamide | | | ciprofloxacin | | |
| ethambutol | | | gatifloxacin | | |
| rifamate | | | levofloxacin | | |
| rifater | | | moxifloxacin | | |
| rifabutin | | | ofloxacin | | |
| rifapentine | | | cycloserine | | |
| ethionamide | | | clofazimine | | |
| amikacin | | | para-aminosalicylic acid | | |
| capreomycin | | | other (please specify) | | |

Date symptoms were first reported | Date of last dose taken

Symptoms of adverse drug reaction – please describe

| Date Specimen Collected | Laboratory Tests Ordered | Results |
|---|---|---|
| | | |

Name of hospital | City | Date of hospital admission

Name of physician | Phone number

Name of health department contact person | County | Phone number

Please describe current status of patient and follow-up plan

Date of hospital release | Date of death

Please fax this report with a copy of any related TB-400A and TB-400B forms to the Infectious Disease Intervention and Control Branch - TB at 512-458-7451 within two working days after a serious adverse drug reaction event resulting in hospitalization or death.

EF12-12274 (New 9/05)

TEXAS Department of State Health Services