



CureTB Contact/Source Investigation (CI/SI) Notification

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OMB APPROVED
CONTROL NO 0920-1186
EXP DATE: 5/31/2027

REFERRING JURISDICTION:

¹City: _____ ¹County: _____ ¹State: _____ ¹Date sent: _____
¹Contact person: _____ ¹Phone: _____ Ext: _____ Fax: _____ Referring Agency: _____
Email: _____ Index Patient Information for: Contact Investigation Source Investigation

A. INDEX PATIENT INFORMATION

Name: _____ Sex: M F DOB or Age: _____
Paternal Maternal First Middle
Alias: _____ Parent's Name (if child for SI): _____
Address: _____ City: _____ County: _____
State: _____ Zip code: _____ Home Phone: _____ Cell: _____
Check if patient/parent not currently home Current location: _____ Phone: _____
Contact person name: _____ Home Phone: _____ Cell: _____
Relationship: _____ Email: _____

CLINICAL INFORMATION

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

² Date of collection	² Specimen type	² Smear	Culture

Drug Susceptibility

Susceptibility	INH	RIF	EMB	PZA
Sensitive				
Resistant				

HIV Diabetes No symptoms Symptoms, specify: _____
Treatment: _____ Start Date: _____ Comments: _____

B. CONTACTS/POSSIBLE SOURCES

PRIMARY ADDRESS OF EXPOSURE NOTE: * = RISK FACTORS

Address: _____ Country: _____ Phone: _____

Name	DOB/Age	Relationship to Index Patient	Date Last Exposure	Phone	*≤5 yrs old	*HIV/AIDS	*Immunosuppression	Sx	On Tx

OTHER ADDRESSES OF EXPOSURE

Address: _____ Country: _____ Phone: _____

Name	DOB/Age	Relationship to Index Patient	Date Last Exposure	Phone	*≤5 yrs old	*HIV/AIDS	*Immunosuppression	Sx	On Tx

Address: _____ Country: _____ Phone: _____

Name	DOB/Age	Relationship to Index Patient	Date Last Exposure	Phone	*≤5 yrs old	*HIV/AIDS	*Immunosuppression	Sx	On Tx

Comments: _____
¹Fields required to initiate the referral process ³Please attach additional information, as needed.
²Please send imaging and laboratory reports as attachments ⁴Please 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