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 Tuberculosis Services Branch - TB at 512-458-7787 within two working days after a serious adverse drug reaction event resulting in hospitalization or death.

EF12-12274 (Revised 6/11)

TEXAS Department of State Health Services