



CureTB Contact/Source Investigation (CI/SI) Notification

Division of Global Migration Health | curetb@cdc.gov
619-385-8019 | www.cdc.gov/cureTB

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



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

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:

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:

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					☐	☐		☐	☐
					☐	☐		☐	☐
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					☐	☐		☐	☐
					☐	☐		☐	☐

Comments:

¹Fields required to initiate the referral process

²Please send imaging and laboratory reports as attachments

³Please attach additional information, as needed.

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