

NAME OF THE HOSPITAL: \_\_\_\_\_

6). Tb Meningitis: M16Q1.6

1. Name of the Procedure: Tb Meningitis

2. Indication: Tb Meningitis

3. Does the patient presented with Fever with altered mentation with Neck stiffness:  
Yes/No

4. If the answer to question 3 is Yes, then is the patient having evidence of

a. Increased proteins, Decreased Sugars, Increased lymphocytes/Polymorphonuclear picture on CSF examination: Yes/No (Upload CSF report)

OR

b. CT/MRI suggestive of basal exudates with evidence of Tb elsewhere: Yes/No (Upload CT/MRI report)

For Eligibility for Tb Meningitis the answer to either question 4a OR 4b must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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