**I. Initial Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name)* is \_\_\_\_\_\_ years old, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(race)*,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(ethnicity)*, \_\_\_\_\_\_\_\_\_\_\_ *(sex).*

2. Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and *(if foreign-born)* came to U.S. in \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. He/She was reported to us on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as a TB ❑ *Suspect OR* ❑ *Confirmed* case.

4. Risk factors for TB disease are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. Patient was admitted to hospital or referred \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(admitting diagnosis).*

6. TST \_\_\_\_\_ mm / BAMT \_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*. Weight\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_.

7. Chest x-ray showed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.

8. This is a ❑ *Pulmonary OR* ❑ *Extra-pulmonary* case, site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. Sputum smear is \_\_\_\_\_\_ plus, Culture ❑ *Positive for MTB OR* ❑ *Negative* for MTB.

10. MTD is ❑ *Positive OR* ❑ *Negative OR*  ❑ *Pending OR* ❑ *Not done.*

GeneXpert/PCR is ❑ *Positive OR* ❑ *Negative. RIF Resistance:* ❑ *Yes OR* ❑ *No*

11. Other Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ *Smear OR* ❑ *Culture.*

12. HIV status is ❑ *Positive OR* ❑ *Negative OR*  ❑ *Pending OR* ❑ *Not done*.

If not offered, reason is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

13. If HIV positive, patient is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(HIV medication).*

14. Patient is ❑ *Pan-sensitive OR* ❑ *MDR OR*  ❑ *Resistant to* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

15. Placed on TB Meds (4-drug regimen) on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* for \_\_\_\_\_\_ *(duration)* months.

16. Placed on ❑ *DOT OR* ❑ *SA OR*  ❑ *Both*.

Managed by ❑ *LHD OR* ❑ *PMD OR*  ❑ *Both*. PMD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

17. Isolate sent to State Lab ❑ Yes ❑ No if No, make arrangements for sample to be sent.

18. Eye Exam baseline RT\_\_\_LT\_\_\_\_Both\_\_\_\_ Color Plates\_\_\_\_\_\_\_ Monthly while on EMB.

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Second Review (two months after the initial review)** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Sputum culture ❑ *Converted OR* ❑ *Did not convert*  within 2 months of treatment.

What is care plan if pt has not converted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consider drug levels, repeat DST, Hain test, examine DOT practices, adjusts medications, Consultation with State and or SNTC regarding pt care plan.

Monitor patient for treatment failure.

2. Chest x-ray on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* ❑ *Improved OR* ❑ *Worsened OR* ❑ *No change.*

❑ Stable

3. DOT is given ❑ *Daily x5 OR* ❑ *Daily x7 OR* ❑ *Bi-weekly OR* ❑ *Three times/week.*

4. Number of total doses missed: \_\_\_\_\_\_\_\_\_\_\_.

5. Patient ❑ *Is OR* ❑ *Is not* complaint with DOT and clinic visits.

6. Treatment ❑ *Was OR* ❑ *Was not* interrupted. If interrupted, duration and reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_.

Was patient restarted ❑ No ❑ Yes if yes, date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phase: ❑ Initial

7. Side effects/Adverse reactions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

8. Signs or symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. Eye Exam RT\_\_\_\_\_\_LT\_\_\_\_\_\_Both\_\_\_\_\_\_\_ Color Plates\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly while on EMB.

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III Second Review (two months after the second review)** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Case Only**

1. Patient ❑ *Completed treatment OR* ❑ *Is still on TB meds*.
2. Number of total doses taken in \_\_\_\_\_\_\_\_initial phase\_\_\_\_\_\_\_\_\_\_continuation phase.
3. Expected date of completion is \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.
4. ❑ *Lost OR* ❑ *Refused treatment OR* ❑ *Moved OR* ❑ *Transferred OR* ❑ *Died*

*OR* ❑ *Other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Completion Chest x-ray on \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV. Third Review (four months after the second review)** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Patient ❑ *Completed treatment OR* ❑ *Is still on TB meds*.
2. Number of total doses taken in \_\_\_\_\_\_\_\_initial phase\_\_\_\_\_\_\_\_\_\_continuation phase.
3. Expected date of completion is \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.
4. ❑ *Lost OR* ❑ *Refused treatment OR* ❑ *Moved OR* ❑ *Transferred OR* ❑ *Died*

*OR* ❑ *Other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Case Investigation**

**I. Contact Identification**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Patient works at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. The period of infectiousness is estimated from \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* to \_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.
3. Total number of contacts: \_\_\_\_\_\_\_\_\_\_  
     
   # High priority \_\_\_\_\_\_\_ # Medium priority \_\_\_\_\_\_\_ # Low priority \_\_\_\_\_\_\_
4. \_\_\_\_\_ (*Number*) Household contacts
5. \_\_\_\_\_ (*Number*) Contacts who were children under the age of 5 years
6. \_\_\_\_\_ (*Number*) Contacts with medical risk factors
7. \_\_\_\_\_ (*Number*) Contacts exposed during medical procedures
8. \_\_\_\_\_ (*Number*) Contacts with exposure in a congregate setting
9. \_\_\_\_\_ (*Number*) Contacts that exceed high priority environmental exposure limits
10. \_\_\_\_\_ (*Number*) Contacts that had TB signs/symptoms
11. \_\_\_\_\_ (*Number*) Close contacts that are previous TST positive, \_\_\_\_\_ (*Number*) that were

tested, and \_\_\_\_\_ (*Number*) that had positive TST or positive BAMT.

1. Among those, \_\_\_\_\_ *(Number)*  were foreign-born.
2. \_\_\_\_\_ *(Number)* TST-positive or BAMT positive contacts received CXR and  
     
   \_\_\_\_\_ *(Number)* had normal CXR.
3. Among those, \_\_\_\_\_ *(Number)* were placed on LTBI therapy.
4. The concentric circle showed an infection rate of \_\_\_\_\_\_\_%. We decided ❑ *To OR* ❑ *Not to*

extend the contact investigation. If contact investigation was extended, continue to **Part II**.

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Case Investigation**

**II. Contact Investigation Extension**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. \_\_\_\_\_ Contact investigation was extended:

❑ *Workplace OR* ❑ *Church* ❑ *Other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_ *(Number)* Contacts who were children under the age of 5 years

3. \_\_\_\_\_ *(Number)* Contacts with medical risk factors

4. \_\_\_\_\_ *(Number)* Contacts exposed during medical procedures

5. \_\_\_\_\_ *(Number)* Contacts with exposure in a congregate setting

6. \_\_\_\_\_ *(Number)* Contacts that exceed high priority environmental exposure limits

7. \_\_\_\_\_ *(Number)* Contacts that had TB signs/symptoms

1. \_\_\_\_\_ (*Number*) Close contacts that are previous TST positive, \_\_\_\_\_ (*Number*) that were

tested, and \_\_\_\_\_ (*Number*) that had positive TST or positive BAMT.

1. Among those, \_\_\_\_\_ *(Number)*  were foreign-born.

10. \_\_\_\_\_ *(Number)* TST-positive or BAMT-positive contacts received CXR and   
  
\_\_\_\_\_ *(Number)* had normal CXR.

1. Among those, \_\_\_\_\_ *(Number)* were placed on LTBI therapy.

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Case Investigation**

**III. Follow-Up Testing on Contacts**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TST repeat \_\_\_\_\_\_\_\_\_\_ BAMT repeat \_\_\_\_\_\_\_\_\_\_\_\_  
  
End of Infectious period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_ *(Number)* contacts need TST or BAMT repeated
2. TST repeat was performed on \_\_\_\_\_ *(Number)* contacts, \_\_\_\_\_ *(Number)* converted.
3. BAMT repeat was performed on \_\_\_\_\_ *(Number)* contacts, \_\_\_\_\_ *(Number)* converted.
4. Among those, \_\_\_\_\_ *(Number)* received CXR and \_\_\_\_\_ *(Number)* were placed on LTBI therapy.

Contact Investigation: ❑ *Closed OR* ❑ *Still open*

Problems/Concerns/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**