

**National Tuberculosis Reference Laboratory
(SLIDE RECEIVE FORM FOR QUALITY ASSURANCE)**

Name of Hospital: District:

Slide shipped by: Designation:

COHORT Month/Year:/20..... Jan.-March April-June July- Sept. Oct.-Dec.

Total number of positive slide: Total number of Negative slide:

[Note: Attach a copy of Smear Result Sheet (Q.A.1.1) with Q.A.1 form for the selected quarter]

Sl. No.	Gender	Total No. of people examined for Diagnosis (A)	Total No. of people with positive sputum smear. (B)	Laboratory Indicator: Smear positive rate (B/Ax100)
1.	Male			
2.	Female			

(To be completed by NTRL, PHL)

Date of receive (DD/MM/YY): / /

Total number of slide received:

Total number of slide missing:

Total number of Negative slide: No. of positive (random selection):

Total number of positive slide: No. of Negative (random selection):

(Interval, All slide/no. of slide for random = / =)

Date of Random slide: Name of person:

Signature:

.....)

Designation:

