NATIONAL TUBERCULOSIS CONTROL PROGRAMMETUBERCULOSIS LABORATORY REGISTER

Lab. Sl.No	Date	Name (in full)	Sex M/F	Age	Complete address (for new patients)	Name of referring centre	Reason for examination*		Results			Signature	Remarks
							Diagnosis	Follow-up	1	2	3		

If the sputum is for diagnosis,put a tick() mark in the space under "Diagnosis"

If sputum is for follow-up of patients on treatment, write the patient's TB No. in the space under "follow-up"