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]***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |  |  |

Date of Random slide: ………………… Name of person: ……………………………………………

Signature:

(……………………………………….) Designation: ………………………………………………..

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

No. of positive (random selection): …………

No. of Negative (random selection): ………..

Date sent (DD/MM/YY): …… / …… / …….

Total number of slide: …………………...

Total number of slide missing: ……………………

Total number of Negative slide: …………………..

Total number of positive slide: ……………………

**Q.A.1.1**

**National Tuberculosis Reference Laboratory**

Smear Result Sheet for Quality Control

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lab. Sl.No | Date | Sex M/F | Age | Reason for examination | | Results | | | Signature | Remarks |
| Diagnosis | Follow-up | 1 | 2 | 3 |
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