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DEPARTMENT OF PUBLIC HEALTH
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P.O BOX: 667

## Appendix 1: Blinded Rechecking Flowchart (for participating labs)

Maintain list of all AFB slides screened in the excel sheet (Format appendix1)

↓

Count the total number of slides screened in one quarter (3 months)

↓

Divide the total number of slides by 27 for first quarter and by 26 for second, third and fourth quarter. Let the number be ***N***

↓

Use N as the interval to select 27 slides for 1st quarter and 26 slides for the remaining quarters.

↓

Circle the slide numbers selected using a red marker. For the positive slides select the other two slides also. For example, if 3A is a positive slide, pick 3B and 3C slides.

Store the selected slides in a separate box and ship it to RCDC along with the excel sheet for blinded screening.

**Appendix 2**

EQA Form Can be downloaded from RCDC website

http://www.rcdc.gov.bt/web/wp-content/uploads/2015/07/FORMS-for-blinded-rechecking-EQA.pdf

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***

| 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 (DD/MM/YY): …… / …… / …….

Total number of slide: ……...

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: ……..

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གསོ་བ་རྩྭན་ལས།
ཐིམ་ཕུ

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**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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