

Exercise 3.3 Insert /Type your name here

Form 3. NTP Laboratory Register (Microscopy and GX)

Year _____

Lab. Serial No. (1)	Date Specimen Received (MM/DD/YY) (2)	Name (SURNAME, First Name, Middle Initial) (3)	Age (4)	Sex (5)	Address (6)	Name of Collection Unit (7)	History of Treatment (N/R) (Indicate registration group for Xpert) (8)	Reason for Examination (9)		Date of Examination/Result (10)			Remarks (11)	Signature of MT/Mx/Lab. Tech. (12)
								Diagnosis	Follow-up (TB Case No.)	Smear Microscopy		Xpert MTB/RIF		
										1st	2nd			

Summary of Examinations

DSSM		
No. examined (for diagnosis)	No. with positive examination result	No. of follow-up cases examined

Xpert MTB/RIF				
	No. of Patients examined	No. of MTB Detected	No with Rif Resistance	No. of Indeterminate/ Invalid/Error/
New				
Relapse				
Other Retreatment Cases				