

FOR EXERCISE #6

Name: _____

Report 1. Quarterly Report on TB Microscopy and GX Laboratory Examinations

(Data Source: Form 3. NTP Laboratory Register, Microscopy and GX)

Name of CHD:

Name of Province/City:

Name of DOTS Facility:

Population of catchment area:

Report for the period: __ Quarter of __

Date Reported:

Prepared by:

Designation:

For Province, City and Regional level:

Total no. of TML that submitted reports	
Total no. of TML	

Case finding:

Laboratory Activities	DSSM	Xpert		
		New	Relapse	Other Retreatment Cases
1. No. Examined				
2. No. with positive examination result: *				
3. Positivity Rate**				
4. No. with rifampicin resistance				
5. No. with rifampicin resistance not detected				
6. No. with rifampicin resistance indeterminate				
7. No. with error/invalid result				
8. No. with MTB not detected				

* For Xpert, all MTB positive result

** Positivity Rate = #2 / #1

Treatment Follow-up (DSSM only):

9. No. of follow-up cases examined	
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