

District Laboratory Performance (TB-04) Quarterly Report

District _____

Reporting QTR _____

Year _____

Sr #	Name of DC	# of Patients Examined			Diagnostic Examination (TB Suspect)								Follow-up Examination	
					# of Suspects with following # of smear examination			Total # of Diag Smear Examined	# of suspect with following # of +ve smear			Total # of +ve Diag. Smear		
		Total	Suspect	Follow-up	one	two	three		one	two	three		Total Smear	Pos Smear
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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15														
16														
17														
18														
19														
20														

Prepared by: _____

Signature: _____

Name & Designation: _____

Date: _____

Verified by: _____

Signature: _____

Name & Designation: _____

Date: _____