Diagnostic centre Laboratory :Workload and performance report (extract from TB04)

Name of Diagnostic Centre_____ ***Name of District***_____

Name of Laboratory Technician _____ Year: _____ Date_____

Month	Number of Patients Examined			Diagnostic Examination (TB Suspect)						Follow-up Examination	
				Number of Suspects with following# smear examination		Total Number of Diag Smear Examined	Number of suspect with following # of +ve smear		Total Number of +ve Diag. Smear		
	Total	Suspect	Follow-up	One	Two		One	Two		Total Smear	Pos Smear
January											
February											
March											
Quarter 1											
April											
May											
June											
Quarter 2											
July											
August											
September											
Quarter 3											
October											
November											
December											
Quarter 4											
Annual											