

QUARTERLY REPORT ON MICROSCOPY ACTIVITIES AND LOGISTICS

Part A: (To be filled in all Health Institutions in the district)

District:.....	Name of the institution:.....
Year:.....	Signature of the head of the institution:.....
Quarter:.....	Date of completion of report:.....

Total No. of adult outpatients (> 12yrs)	
Chest symptomatics referred for diagnosis	
No. returned with results	
No. sputum smear-positive	

Part B: (To be filled in by Microscopy Centers only)

District:.....	Name of the Microscopy Centre:.....
Year:.....	Signature of PHLI / MLT:.....
Quarter:.....	Date of completion of report:.....

a) Microscopy Activities

	For diagnosis	For follow up	Total
No. of persons investigated			
No. of smear- positive patients			
No. of smear-negative patients			
No. of smears examined			
No. of smear- positive slides			
No. of smear-negative slides			

b) No. of sputum slides sent for Quality Control

	No.
Positive slides	
Negative slides	

c) Logistics

Item	Stock on first day of quarter	Stock received during quarter	Consumption during quarter	Stock on last day of quarter	Quantity requested
Sputum containers					
Slides					
Carbol fuchsin					
Methylene blue					
Sulfuric acid					
Hydrochloric acid					
Alcohol					
Phenol					
Xylene					
Immersion oil					
Lens tissues					
Sprite lamps					
Waste bags(Yellow / Black)					
Waste bins					
Disinfection-Lysol					

d) i. Condition of the microscope:.....

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ii. Last service date: iii. If not done, Reasons:

e) Any other matters:.....

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Date

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Signature of the Head of the Institution