

THE LABORATORY FORM REQUEST FOR SPUTUM EXAMINATION

Name of health institution:.....Ward no:..... Date:.....

Name of patient: Age:.....

Address in full:.....
.....

Sex M
F

Disease classification:

Pulmonary
 Extra-pulmonary - Site:.....

District:.....

Reason for examination:

For diagnosis
 For follow up – Month

OPD/BHT/CC/District TB No.:

Specimen identification No:.....
(For collection centres only)

Dates of sputum collection:,,

Signature:

RESULTS

(To be completed in the Laboratory)

LAB. SERIAL NO:

a) Visual appearance of sputum:

Specimen	Mucopurulent	Blood stained	Saliva
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Microscopy:

Date	Specimen	Results*	POSITIVE (grading)			
			3+	2+	1+	Scanty

*Write negative or positive.

Name of the CC/MC: Designation: Signature:

The completed form (with results) should be sent to the treatment unit to record the results on the treatment card
Mark positive in **RED**