



Government of Nepal
Health Management Information System
Laboratory Request and Reporting Form
..... Hospital / PHC / HP

Date...../...../.....

1. OPD/Presumptive TB Reg No..... 2. DR / DSTB Reg. No.....

3. Name of Patient..... 4. Age..... 5. Sex.....

6. Address: District..... M/RM..... ward.....

Tole 7. Contact no.....

8. History of Treatment: (i) Previously treated (ii) Previously **NOT** Treated
(iii) Current on Treatment (A. *New* B. *Retreatment* C. *Others*)

9. Retrovirus Status: (i)- Positive (ii)- Negative (iii) Unknown

10. Specimen Type: (i)- Sputum (ii) Other (specify)

11. Laboratory test request for

A. Microscopy (i) Diagnosis. (ii) Follow-up (.....month)**B. Xpert MTB/RIF** (i) Diagnosis. (ii) RR detection:**C. Xpert MTB/XDR** (i) Second Line DST (ii) INH resistance**D. LPA:** (i) Second Line DST (ii) INH resistance**E. Culture/DST:**

(i) Presumptive DRTB Case (ii) Second Line DST

(iii) Follow-up Case (.....month)

F. HIV test:**12. Requested by** **Date of Sample Collection:****13. Microscopy Test Results**

Name of Laboratory:..... Lab no.

Sample	Visual Appearance (circle)*	Result					Examined by:	
		Neg	Positive (circle the grading)**			Name and NHPC No	Signature and date	
A	B M S		Scanty	1+	2+	3+		
B	B M S		Scanty	1+	2+	3+		

* (B) blood-stained (M) mucopurulent (S) saliva **Neg.(0 AFB/100 OF), Scanty(1-9 AFB /100 OF) 1+=(10-99 AFB/100 OF), 2+(1-10 AFB/ OF), 3+(>10 AFB/ OF)

14. HIV Test Result

A) Determine Test (A1) i - Reactive ii- Non-Reactive

B) Uni-Gold Test (A2) i- Reactive ii- Non-Reactive

C) Stat pack Test (A3) i- Reactive ii- Non-Reactive Signature/Name/NHPC No