



नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

क्षयरोग प्रयोगशाला रजिष्टर (माइक्रोस्कोपी)

TUBERCULOSIS LABORATORY REGISTER (Microscopy)

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका / गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

TB Laboratory Register (Microscopy)

SN	Lab No	Sputum Collection Date		Name of Patient		Age		Address		Requested by (HF)	HIV Infection Status			Treatment History		Purpose of Examination			Examination Result				Examined by		Remarks	
		Day/Month	Year	Name	Surname	Ethnic code	F	M	District	M/RM	OPD/Presumptive/TB Regd no	Yes	No	Unknown	Re treated	New	Diagnosis	Follow up	follow up Month	Slide A	Slide B	Reactive	Non Reactive	Name		Signature /date
		Date	Date	Name	Surname	Ethnic code	F	M	ward no	Contact no	TB regd no	9	10	11	12	13	14	15	16	17	18	19	20	21		22
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23				
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						
		Day/Month	Name			District	M/RM	Requested by (HF)	?	?	?	?	?	?	?	Result	Result	?	?	Name	Signature /NHPC no./date					
		Year	Surname	Ethnic code		ward no	Contact no	OPD/Presumptive/TB regd no								Date				Designation/NHPC no.						