



नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

क्षयरोग प्रयोगशाला रजिष्टर (एक्स्पर्ट)

TUBERCULOSIS LABORATORY REGISTER(Xpert MTB/RIF & MTB/XDR)

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका / गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

Tuberculosis Laboratory Re

SN	OPD/Presumptive	Sample Collected date	Name of Patient		Age		Address		Requested by (HF)	HIV Infection Status			TB Treatment History				Purpose of test				Specimen Type		Sample received date	Xpert MTB/RIF Test Result			
		DD/MM	Name		Female	Male	District	M/RM		Positive	Negative	Unknown	Previous		Current on Treatment		Diagnosis	RR Detection	2nd Line DST	INH Resistance	Sputum	Other....	DD/MM	MTB			
	Lab no	YYYY	Surname	Ethnic code	ward no	Contact no	OPD/Presumptive/TB Registration no	Yes	No				New	Retreat .	YYYY	Detected							Not Detected	Invalid/ no result	Error/ code		
1	2	3	4		5	6	7		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
SN	OPD/Presumptive	DD/MM	Name				District	M/RM	Name of Health Institution requesting for test	1	2	3	1	2	1	2	1	2	3	4	1	.....	DD/MM	1	2	3	.....
	SRN	YYYY	Surname	ethnic code			ward no	Contact no	Presum/ OPD /TB Registration no														YYYY	DD/MM/YY	DD/MM/YY	DD/MM/YY	

जाती कोड: १ दलित, २ जनजाती, ३ मधेशी, ४ मुस्लीम, ५ ब्राह्मण/क्षेत्री, ६ अन्य

*M/RM: Municipality/ Rural Municipality

MTB/XDR Result: Hr: High Level Resistance, Lr: Low Level Resistance, RND: Resistance Not Detected, I: Indeterminant

gister (Xpert MTB/RIF & MTB/XDR)

Rif Resistance			Xpert MTB/XDR Test Result																								Tested by		Remarks				
Detected	Not Detected	Indeterminate	MTB Result	INH				FLQ				AMK				KANA				CAP				ETH				Signature					
27	28	29		30	Hr	Lr	RND	I	Hr	Lr	RND	I	Hr	Lr	RND	I	Hr	Lr	RND	I	Hr	Lr	RND	I	Hr	Lr	RND	I		Name / Designation			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1		2	3	4	55	56
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Signature					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Name / Designation					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Signature					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Name / Designation					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Signature					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Name / Designation					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Signature					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Name / Designation					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Signature					
DD/MM/YY	DD/MM/YY	DD/MM/YY	2. Not Detected	DD/MM/YY																								Name / Designation					