



नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

क्षयरोग प्रयोगशाला रजिष्टर (एल पी ए)

TUBERCULOSIS LABORATORY REGISTER (LPA)

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका / गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

## Laboratory Register (Line Probe Assay)

Lab no	Sample Collection Date			Name of Patient		Age		Address		HIV Test Result	Treatment Centre	Category & month	Specimen Type	Date of sample collection	Dates of Sample Receive	Date of Processing
	DD	MM	YY	Sur name	Ethy code	Female	Male	District	M/RM							
								Ward no	Contact no							
1	2	3	4	5	6	7	8	9		10	11	12	13	14	15	16
Lab no	DD	MM	YY	Name of Patient				District	M/RM	1. Reactive 2. Non Reactive 3. Unknown						
				Sur name	Ethy code			ward no	Contact no							
Lab no	DD	MM	YY	Name of Patient				District	M/RM	1. Reactive 2. Non Reactive 3. Unknown						
				Sur name	Ethy code			ward no	Contact no							
Lab no	DD	MM	YY	Name of Patient				District	M/RM	1. Reactive 2. Non Reactive 3. Unknown						
				Sur name	Ethy code			ward no	Contact no							
Lab no	DD	MM	YY	Name of Patient				District	M/RM	1. Reactive 2. Non Reactive 3. Unknown						
				Sur name	Ethy code			ward no	Contact no							
Lab no	DD	MM	YY	Name of Patient				District	M/RM	1. Reactive 2. Non Reactive 3. Unknown						
				Sur name	Ethy code			ward no	Contact no							

Smear Microscopy Result	Specimen Type C)Culture D)Direct	Culture Result	Identificati on	LPA DST														Interpretation	LPA: Date of reporting	Remarks	
				R		H				FLQ				AMG							
				rpob		KatG		Inh A		gyrA		gyrB		rrs		eis					
				WT	Mut	WT	Mut	WT	Mut	WT	Mut	WT	Mut	WT	Mut	WT	Mut				
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	