



नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

क्षयरोग प्रयोगशाला रजिष्टर (डी एस टी/कल्चर)

TUBERCULOSIS LABORATORY REGISTER (DST/Culture)

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका / गाउँपालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

Tuberculosis Laboratory Register (DST/Culture)

Month

Lab no	Sample Collection / Received Date			Name of Patient		Age		Address		Name of Guardian/ Family Member	Name of Health Institution requesting for test	HIV Test Result	Category & month	Specimen	Visual Appearance	Dates of sample collection	Dates of Sample Receive
	2	3	4	5	6	7	8	9	10								
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						
Lab no	DD	MM	YY	Name of Patient				District	M/RM		Name of Health Institution requesting for test	1. Reactive 2. Non Reactive 3. Unknown					
				Sur name	Ethy code			ward no	Contact no		Presum/ OPD /TB Registration no						

Tuberculosis Laboratory Register (DST/Culture)

Refrigerated/Non-refrigerated/Cold chain	Date of Processing	Smear Microscopy: Result	MGIT: Result	MGIT DST Date of Inoculation	MGIT: DST													MGIT: Date of reporting	L J: Result	L J: Date of reporting	Remarks		
					R	H	Z	Am	Bdq	Cfz	Lzd	Mfx (H)	Mfx (L)	Eto	Lfx	Dlm	Others						
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		