



MANAGING THE REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME IN YOUR AREA

A Training Course

E 1

EXERCISE WORKBOOKS:

☛ LABORATORY FORMS



Central TB Division
Directorate General of Health Services, Ministry of Health and Family Welfare
Nirman Bhavan, New Delhi 110011



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REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Laboratory Form for Sputum Examination

Name of Referring Health Facility: _____ Date: _____
Name of patient: _____ Age: _____ Sex: M F
Complete address: _____

Type of suspect / disease: Pulmonary
 Extra-pulmonary Site: _____

Reason for examination:
 Diagnosis
 Repeat Examination for Diagnosis
 Follow-up of chemotherapy Patient's TB No _____

(Name and signature
of referring person/ official)

If sputum samples are being transported:

Specimen identification No.: _____ Date of sputum collection: _____

Specimen Collector's name and signature _____

RESULTS (To be completed in the laboratory of DMC)

Name of DMC: _____

Lab. Serial No.: _____

Date of examination	Specimen	Visual appearance (M, B, S)*	Results (NEG or POS)	Positive (grading)			
				3+	2+	1+	Scanty**
	a						
	b						
	c						

* M = Mucopurulent, B = Blood stained, S = Saliva

** Write actual count of AFB seen in 100 oil immersion fields

Date: _____ Examined by (signature): _____

The completed form (with results) should be sent to the referring PHI within one day of the examination.

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