

AFB SMEAR BLINDED RECHECKING REPORT : PROVINCE CONSOLIDATED REPORT (QARBR-05)

		Date: _____
Province _____	Number of districts under EQA _____	
Reviewed Quarter _____	Number of diagnostic centres under EQA _____	
Report prepared by _____	Signature _____	

S. #	District name	# of total MC	# of controlled MC	# centres with major error	Annual volume	SPR	# Slide collected				# Slides Correct	Errors					
							Pos	Scanty	Neg	Total		HFN	HFP	LFN	LFP	QE	Total
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	-
Grand total		-					-				-	-	-	-	-	-	-

SPR: Smear Positivity Rate

LFP: Low False Positive

HFP: High False Positive

LFN: Low False Negative

HFN: High False Negative

QE: Quantification Error