AFB SMEAR BLINDED RECHECKING : DISTRICT CONSOLIDATED REPORT(QARBR-04)

Date:_____

District: _____

District Supervisor: _____ # Functioning Diagonstic Centers: _____

Reviewed Quarter: _____ # Diagonstic centers checked: _____

Signature of QA coordinator: _____ # Diagnostic centres with Major error:

S. #	Laboratory	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
QE; Quantification error
HFN: High False Negative
LFN: Low False Negative
HFP: High False Positive
LFP: Low false positive