Form 3a. NTP Laboratory Register (Microscopy and Xpert MTB/RIF)

Lab. Serial No.	Date Specimen Received (MM/DD/YY)	Name of Patient (SURNAME/ First Name/ Middle Name)	Age	Sex (M/F)	Address & Contact Number	Name of Requesting Facility	History of Treatment (N/R)	Reason for Examination			Date of Examination / Result			Remarks	Signature of Laboratory Staff and Date of Release
								Diagnosis (check only one)		Follow-up (TB Case No.)	Smear Microscopy		Xpert MTB/RIF		
							If for Xpert, write the Registration Group	Presumptive DS-TB	Presumptive DR-TB		1st	2nd			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			(10)			(11)	(12)

Direct Sputum Smear Microscopy		
No. of Cases Examined (for diagnosis)	No. with Positive Examination Result	No. of Follow-up Cases Examined

XPERT MTB/RIF

History of Treatment/ Registration Group	No. of cases examined		No. of MTB Detected (RR+T+TI)		No. with RR Result		No. with T Result		No. with Final TI Result		No. with N Result		No. with I Result		No. of Test with Initial Results	
	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB	DS-TB	DR-TB
New																
Relapse																
Other Retreatment																
Total																