

Form 3b. Laboratory Register for Smear Microscopy and TB LAMP

Name of Facility: _____

Province/ HUC: _____

Region: _____

Cohort: _____

| Laboratory Serial Number | Date Specimen Collected | Date and Time Specimen Received | Name of Requesting Facility/Unit | Patient's Full Name (SURNAME, Given Names, Name Extension, Middle Name) | Age | Sex (M/F) | History of Treatment (N/R) | Reason for Examination | | Smear Microscopy Result | | | | | TB LAMP Result | Signature of Laboratory Staff | Remarks |
|--------------------------------|-------------------------------|--|--|---|-----|--------------|----------------------------------|------------------------|----------------------------|-------------------------|-----|--------------------|-----|------|----------------|----------------------------------|---------|
| | | | | | | | | Diagnosis | Follow-up (TB CASE No.) | For Acid-Fast Bacilli | | For Paragonimiasis | | | | | |
| | | | | | | | | | | 1st | 2nd | 1st | 2nd | NaoH | | | |
| | | | | | | | | | | Date Specimen Examined | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | | | | | (11) | (12) | (13) | |
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