

Form 3c. Laboratory Register for Line Probe Assay

Name of Facility: _____

Province/ HUC: _____

Region: _____

Cohort: _____

Laboratory Serial Number	Date Specimen Collected	Date and Time Specimen Received	Collection Unit Code	Patient's Full Name (SURNAME, Given Names, Name Extension, Middle Name)	Age	Sex (M/F)	History of Treatment (N/R)	Reason for Examination		Type of Specimen	LPA Result					Signature of Laboratory Staff	Remarks	
								Baseline	Follow-up		MTB	FL LPA			SL LPA			Date and Time Released
												RIF	H	Eto/Pto	FQ	SLI		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)						
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		