

**Ministry of Health, Community Development,
Gender, Elderly and Children
National TB and Leprosy Programme**



TB05 - TB LAB REGISTER

Year _____

Laboratory Register

TB 05

Lab. Serial Number	Date of Examination	Full Name (First, Middle, Surname)	Sex (M/F)	Age	Physical Address (ward, village, street, house number)	Time In	Time Out	Telephone/Mobile number	Name of Area leader/ Neighbour	Name of the referring health facility/clinic/ ward *	HIV status (Pos, Neg, Unkn)	Diagnosis	Follow up (Tick)				Sputum results		Xpert results (N, T, RR, Ti, I)	Name of laboratory staff	District TB number****	Remarks			
													2	3	5	7/8	A	B							

* Lab results should be sent back to the referring health facility/clinic or ward
Note:- Clinic may include OPD, CTC, PMTCT, VCT, HBC, TB, ANC etc
 ** To be by district TB/Leprosy coordinator

Xpert results:
 RR MTB + /RIF +
 T MTB + /RIF -
 N MTB -
 Ti MTB detected rifampicin resistance indeterminate
 I Errors, Invalid, No result

