



**MINISTRY OF HEALTH**  
**National Tuberculosis and Leprosy Programme**  
**DR-TB MEDICINE REQUISITION FORM**

Region \_\_\_\_\_ Number of Patients in Initial Phase \_\_\_\_\_  
 Council \_\_\_\_\_ Number of Patients in Continuation Phase \_\_\_\_\_ Requesting  
 Facility \_\_\_\_\_ Date Requested \_\_\_\_\_

Period order will cover (circle)		Q1	Q2	Q3	Q4			
SN	Description (specify preparation of drug)	Unit	Quarterly Use	Buffer	Quantity Needed	Stock on hand	Quantity Requested	Quantity Issued
			(a)	(b)	(c=a+b)	(d)	(e=c d)	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

**Prepared by;**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date & Signature \_\_\_\_\_ Stamp Checked by;  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Date & Signature \_\_\_\_\_ Stamp Authorized by;  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Date & Signature \_\_\_\_\_ Stamp