

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

**BLINDED RE-CHECKING OF AFB SMEAR
MICROSCOPY LIST OF DISCORDANT SLIDES**

FORM 2

2024 Edition

THE UNITED REPUBLIC OF TANZANIA



FORM 2

**MINISTRY OF HEALTH
NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME
BLINDED RE-CHECKING OF AFB SMEAR MICROSCOPY
LIST OF DISCORDANT SLIDES**

Region..... Name of First controller

Council..... Name of Second controller

Date Sampling Period (Quarter)

Method used : **ZN** **FM**

Laboratory name checked	Slide no.	Result 1	Result 2	2nd Controller results	Remarks

Name..... Signature.....

Date..... 2024 Edition