

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

BLINDED RE-CHECKING OF AFB SMEAR MICROSCOPY CONSOLIDATED REPORT FORM

FORM 3

2024 Edition

THE UNITED REPUBLIC OF TANZANIA



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NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME
 BLINDED RE-CHECKING OF AFB SMEAR MICROSCOPY
 CONSOLIDATED REPORT FORM

Region:..... Council:..... First controller name:.....
 Quarter:..... Second controller name :.....
 Year:..... EQA coordinator:.....

S/N	Name of laboratory	Performance of peripheral laboratories								Performance of the first controller										
		Number of smears re-checked*			Number of errors**					Controller	Number of smears re-checked****			Number of errors*****						
		Pos	Scanty	Neg	HFP	LFP	HFN	LFN	QE		Name	Pos	Scanty	Neg	HFP	LFP	HFN	LFN	QE	

Name..... Date..... Signature.....

Legend:
 * fill here the counts of results positive, scanty 1-9,1-19,1-29 or negative as registered at the controlled laboratory for the rechecked smears (column peripheral results from the rechecking form)
 ** fill here the numbers of errors found for the controlled laboratory, after discordants were rechecked by the second controller (HFP=high false positive, LFP=low false positive, HFN=high false negative, LFN=low false negative, QE=quantification error)
 *** fill here name or identification code of the first controller who reread slides from the respective laboratory
 **** fill here the counts of results positive, scanty 1-9,1-19,1-29 or negative as registered by the first controller for the rechecked smears (column first controller results from the rechecking form)
 ***** fill here the numbers of errors found for the first controller, after discordants were rechecked by the second controller (HFP=high false positive, LFP=low false positive, HFN=high false negative, LFN=low false negative, QE=quantification error)