

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

**NATIONAL TUBERCULOSIS AND
LEPROSY PROGRAMME**

**AFB SMEAR MICROSCOPY LABORATORY
PERFORMANCE QUARTERLY REPORT FORM**

FORM 4

2024 Edition

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QUARTERLY REPORT FORM

Region..... Council.....

Quarter..... Year.....

Table with columns: S/N, Name of laboratory, Numbers of smears examined (For diagnosis: Pos., Scanty, Neg.; For follow-up: Pos., Scanty, Neg.), ZN/FM. Includes a TOTAL row at the bottom.

Name.....

Signature.....

Date.....

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