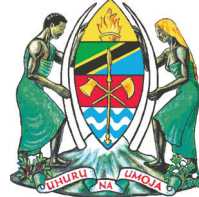


**THE UNITED REPUBLIC OF TANZANIA**



**MINISTRY OF HEALTH**

# **NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME**

## **AFB SMEAR MICROSCOPY LABORATORY PERFORMANCE AND STOCK OF REAGENTS AND CONSUMABLES**

**FORM 5**

*2024 Edition*

THE UNITED REPUBLIC OF TANZANIA



FORM 5

MINISTRY OF HEALTH  
NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

AFB SMEAR MICROSCOPY LABORATORY PERFORMANCE AND STOCK OF REAGENTS AND CONSUMABLES  
QUARTERLY REPORT

LABORATORY:..... REGION:..... COUNCIL:.....

YEAR:..... QUARTER:.....

Smears examined: ZN <input type="text"/> FM <input type="text"/>	Positives	Scanty	Negatives	Total
Number of smears examined for diagnosis during the quarter				
Number of smears examined for follow up during the quarter				
Total smears examined				

Carbolfuchsin solution _____ millilitres	Decolorizing solution _____ millilitres
Auramine solution _____ millilitres	Burning spirit _____ millilitres
Counterstaining solution _____ millilitres	Slides _____ pieces
Immersion oil _____ millilitres	Sputum containers _____ pieces

**Problems and special requests**

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