

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

LABORATORY SUPERVISION CHECKLIST FOR AFB SMEAR MICROSCOPY AND WRDs

FORM 6

2024 Edition

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LABORATORY SUPERVISION CHECKLIST FOR AFB SMEAR MICROSCOPY AND WRDs

SN	Name of Supervisor	Designation	Date of Supervision
1			
2			
3			
4			
Name of Supervisees			
1			
2			
3			
4			
5			
6			

Particulars

Region				
Council				
Laboratory				
Supervisor				
Visit Date				
A. Regional Information				
Total number of laboratories in the region				
Number of Diagnostic Centres				
Site with FM				
Site with ZN				
Sites with GeneXpert				
Sites with Truenat				
B. Facility Information				
Total laboratory Staff				
Technique	AFB smear Microscopy	Gene Xpert	Truenat	Comment
Training conducted: how and when?				
No. of Personnel assigned for TB				

I. Infrastructure (Facility and safety)

SN	Fill in "OK" or "Not OK", Comment if necessary
1	Room and furniture, arrangement
2	Power supply available
3	Water supply and drainage
4	Safe waste disposal Procedures

II. Equipment and supplies

5	Functionality for each equipment	Record days when equipment was down
	i. GeneXpert	
	ii. Truenat	
	iii. FM Microscope	
	iv. ZN Microscope	
	Preventive Maintenance and Calibration status (I,ii,iii,iv)	
6	Reagents and supplies stock status	
	i. GeneXpert cartridge stock available	Record amount and expire date
	ii. TrueNat Cartridge	
	iii. TrueNat chip	
	iv. FM Reagent	
	v. ZN Reagent	
	vi. Consumables ie sputum containers	Record amount and expire date
7.	Last consignment received for GeneXpert and FM reagent	
8.	Balance, glassware, purified water (if stains are prepared)	
9.	Air Conditioner available and functional	
10.	WRDs System Availability and uploading results	

III. Technical Aspects

11	Latest diagnostic Algorithm in Place	
12	Availability of Standard Operating Procedures (SOPs)	
13	Availability of Diagnostic Guidelines	
14	Internal Quality Control (IQC) performance	
15	Specimen Quality and rejection status	Total sample received and rejected in last quarter

16	Smear Quality	
17	Staining & counterstaining quality	
18	Completion of Request forms and Laboratory Register	
19	Proper labelling of Specimen/ Slide	

IV. Quality Assurance

20	Slide storage for EQA and slide holding boxes	
21	Slide collected for EQA	
22	Feedback from EQA Received	
23	Does the facility punctually participate in EQA for WRDs (Biannually, once in every six months)?	

V. Specimen Referral

24	Does the facility refer or receive samples in accordance to the algorithm?	
25	Does the Facility refer specimens according to Routine Surveillance schedule (Clinician Hand Book)?	
26	Means of Specimens' transportation (EMS or Courier)	
27	Means of sample transportation (EMS or Courier)	
28	Is there Results feedback from referred sample (Please Indicate number)?	Total number of specimen received _____ Total number of results dispatched _____
29	Does site Practice Triple packaging in sample Transportation?	
30	Number of facilities that refer samples for the last quarter	Number the sites
31	Sample received from Mass campaign /Mobile clinic	

VI. Statistics and Workload (From laboratory register for last quarter or collect data for whole year)

SN	Smear Microscopy	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
32	Total Presumptive cases												
33	Total Diagnostic Smear												
34	Total Diagnostic Positive (1+,2+,3+)												
35	Total Diagnostic Scanty												
36	Positivity rate												
37	Total Diagnostic Patients												
38	Presumptive cases with only one smear result												
39	Positive/Scanty cases not on treatment												
40	Total Follow up Smears												
41	Follow up Smears with Positive												
42	Variation of positive results												
SN	GeneXpert	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
43	Number of tests MTB not detected												
44	Number of tests MTB detected; RIF not detected												
45	Number of tests MTB detected; RIF resistance detected (check cases have been reported to RTALC)												
46	Number of tests MTB detected; RIF resistance indeterminate												
47	Number of tests MTB Trace detected; RIF resistance indeterminate												
48	Error results (more than 5% over 3 or more months open trouble shooting)												
49	Invalid results (more than 2% over 3 or more months open trouble shooting)												
50	No result (more than 2% over 3 or more months open trouble shooting)												
51	Total Tests												

52	Number of samples that were referred to the facility																	
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VII. Routine Surveillance System (Unit Register (TB03) and electronic TB and Leprosy system (ETL))

53	Total Bacteriological confirmed TB cases			
54	Total New Bacteriological confirmed TB cases			
55	Total Previously Bacteriological Confirmed TB Cases			
56	Total Previously Treated TB cases notified			
57	Sample submitted to CTRL or Zonal Lab for Culture and DST (Dispatch log book)			
58	Sample requested in the Culture and DST lab register (DHIS2/ ETL) (pick any three specimens submitted to CTRL or Zonal Lab and check if they have been requested in culture and DST Lab Register (DHIS2/ETL))			

GENERAL RECOMMENDATION

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CONCLUSION

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Date of Supervision

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Appendix 1: SUPERVISION SUMMARY REPORT AND RECOMMENDATION ACTION

S/N	SECTION	SUMMARY GAPS IDENTIFIED	RECOMMENDATION	TIMELINE	RESPONSIBLE PERSON
I	Infrastructure				
II	Equipment and supplies				
III	Technical Aspects				
IV	Quality Assurance				
V	Specimen Referral				
VI	Statistics and Workload (Documentation)				
VII	Routine Surveillance System				
VIII	Additional finding				

Reported by: _____ Title: _____

Signature _____ Date: _____

Received by: _____ Title: _____

Signature _____ Date: _____