AFB SMEAR BLINDED RECHECKING :ASSESSMENT SHEET (QARBR-02)

Code Number (Diagnostic Center):…… Review Quarter: ……..……Year: ……..……

Number of Slides received: ……... Date (Slide received): …… Date of Assessment: ……

Name of the 1st Controller: …….. Signature of the 1st Controller: …...……..

Sr #	Slide No.	Microscopic Smear assessment									Macroscopic Smear Assessment										Comments
		Microscopic results			Sample quality		AFB Staining		Staining /counterstaini		Slide Labeling		Size			Thickness			Evennes		
		Ist reading	Ist controler	2nd controler	A	U/A	A	Pale	A	U/A	A	U/A	A	Small	Big	A	Thin	Thick	A	U/A	
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Summary of Microscopic Results

	Total slides	Correct Slides	HFN	HFP	LFN	LFP	QE	Remarks
1st Reader								
1st Controller								