

AFB SMEAR BLINDED RECHECKING: LABORATORY FEED BACK FORM (QARBR -03)

Name of Laboratory: District:
 Date slide collected from the lab:
 Quarter in Laboratory Register checked:
 Slide collected by: Designation:
 Number of smears examined in reviewed quarter:
 Number of smears reported positive in reviewed quarter:
Slide Rechecking: Number of slides Rechecked:

Peripheral Results	Final Results					
	Negative	1 - 9 AFB	1+	2+	3+	Total
Negative						
1-9 AFB						
1+						
2+						
3+						
Total						

Summary of Microscopic errors

Major Errors			Minor Errors		
HFN	HFP	LFN	LFP	QE	
Total Major errors			Minor Errors		

HFN: High False Negative HFP: High False Positive LFP: LowFalse Negative LFN: Low False Positive QE:Quantification error

Smear Assessment: Number of Slides Assessed:.....

slide Labelling	Smear Size	Smear Thickness	Smear Eveness	Specimen Quality	AFB staining	Staining/ counterstaining
# acceptable smears						
Remarks (OK/NI)						

(OK -acceptable NI -needs improvement)

Comment	

Signature: _____

Signature of QA coordinator: Date: _____