

AFB SMEAR BLINDED RECHECKING: SLIDE COLLECTION SHEET (QARBR-01)

Name of Laboratory: _____

District: _____

Date when 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: _____

No.	Peripheral Lab		Comments	No.	Peripheral Lab		Comments
	Slide No.	Result			Slide No.	Result	
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Date slide submitted to QA Coordinator: _____

Signature : _____

Code number issued to diagnostic centre: _____

Date slide handed over to X-checker after blinding _____

Signature of QA coordinator : _____