

TB 04

NATIONAL TUBERCULOSIS CONTROL PROGRAMME
 Directorate General of Health Services, Bangladesh
 Tuberculosis Laboratory Register

Lab Serial No.	Date of specimen received	Name in full	Address in full (patients for diagnosis)	Occupation	Age	Sex (Tick)		Name of treatment/referring facility	Reason for examination		Result of Smear Examination		Result of Xpert MTB/RIF Examination	TB Registration no.	Referred by **	Signature	Remarks		
						M	F		Diagnosis (Tick)	Follow up* (Tick)	1	2							

* Enter TB Registration Number & month of follow-up
 ** GOPD - Government outpatient patient Department, GFS - Government Field Staff, IPD - In patient Department, PP - Private Practitioner, VD - Village Doctor, SS - Shasta Sebeka, NFS - NGO Field Staff, CTP - Cured TB patient, CHCP - Community Health Care Provider Others (please specify)