

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

TB 05

Directorate General of Health Services, Bangladesh
Request Form for AFB Microscopy
(The completed form with results should be sent promptly by
the Laboratory to the referring facility)

Name and Address of Referring Facility¹: _____ Date: _____

Name of Patient: _____ Age: _____ Sex: M F

Occupation: _____ Father / Husband's name: _____

Full Address of Patient: _____

_____ Telephone no of Patient/Contact Person: _____

OPD Reg. No.: (if any); (For Presumptive TB cases only): _____

Reason for Examination: Diagnosis Follow-up If Follow-up, No. of Month of Treatment: _____

Disease Classification: Pulmonary Extra-pulmonary (EP) If EP, Site _____

Nature of Specimen: Sputum Urine Pus Other Specify _____

Specimen Identification no: _____ Patient TB Registration No _____

e-TB Manager No: _____
(For follow-up patients)

Request for Test: Microscopy

Signature of person requesting examination: _____

Name and designation of person requesting examination: _____

¹Including all public and private health facility/providers

RESULTS (To be completed in the Laboratory)

Lab Registration No: _____

Visual appearance of the specimen (if it is sputum): Muco-purulent Blood-stained Saliva

Microscopy results: ZN LED

Date of Collection*	Specimen	Result					
		Negative	Scanty 1**		1+	2+	3+
			ZN (1-9)	LED (5-29)			
	1						
	2						

Sputum collected by: _____

Examined by: _____

Signature: _____

Signature of Medical Tech (Lab): _____

Name: _____

Name: _____

Date: _____

Name and address of Laboratory: _____

* To be completed by the person collecting the sputum

**Please Mention the number as per type of Microscopy

Organization: _____