



Government of Nepal  
Health Management Information System  
**Laboratory Request and Reporting Form**

..... Hospital / PHC / HP

Date...../...../.....

1. OPD/Presumptive TB Reg No..... 2. DR / DSTB Reg. No.....

3. Name of Patient..... 4. Age..... 5. Sex.....

6. Address: District..... M/RM..... ward.....

Tole ..... 7. Contact no.....

8. History of Treatment: (i) Previously treated (ii) Previously **NOT** Treated  
(iii) Current on Treatment (A. New B. Retreatment C. Others)

9. Retrovirus Status: (i)- Positive (ii)- Negative (iii) Unknown

10. Specimen Type: (i)- Sputum (ii) Other (specify) .....

11. Laboratory test request for

**A. Microscopy** (i) Diagnosis. (ii) Follow-up (.....month)

**A. Xpert MTB/RIF** (i) Diagnosis. (ii) RR detection:

**B. Xpert MTB/XDR** (i) Second Line DST (ii) INH resistance

**C. LPA:** (i) Second Line DST (ii) INH resistance

**D. Culture/DST:**

(i) Presumptive DRTB Case (ii) Second Line DST

(iii) Follow-up Case (.....month)

**F. HIV test:**

12. Requested by .....

Date of Sample Collection: .....

**13. Microscopy Test Results**

Name of Laboratory:.....

Lab no. ....

Sample	Visual Appearance (circle)*	Result					Examined by:	
		Neg	Positive (circle the grading)**				Name and NHPC No	Signature and date
<b>A</b>	<b>B M S</b>		Scanty	1+	2+	3+		
<b>B</b>	<b>B M S</b>		Scanty	1+	2+	3+		

\* (B) blood-stained (M) mucopurulent (S) saliva \*\*Neg.(0 AFB/100 OF), Scanty(1-9 AFB /100 OF) 1+=(10-99 AFB/100 OF), 2+ (1-10 AFB/ OF), 3+(>10 AFB/ OF)

**14. HIV Test Result**

A) Determine Test (A1) i - Reactive ii- Non-Reactive

B) Uni-Gold Test (A2) i- Reactive ii- Non-Reactive

C) Stat pack Test (A3) i- Reactive ii- Non-Reactive

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**Signature/Name/NHPC No**