

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

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's/ Husband name: _____

Full address of patient: _____

Telephone no of patient/ Contact person: _____

OPD Reg. No. (if any); (for presumptive TB case only) _____

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

Disease Classification: Pulmonary Extra - Pulmonary 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 GeneXpert

Signature of person requesting Examination: _____

Name and Designation of person requesting examination: _____

¹ Including all public and private health facilities/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 result: 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 of Medical Tech (Lab): _____

Signature: _____ 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: _____