



Supervision Checklist for Truenat Sites



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IDDS



Monitoring & Supervision checklist for Truenat

Name of Laboratory:		Lab Contact:	
District:		Upazilla:	
Division:		Date of Visit:	
Name of the Visitor		Designation	
Laboratory Facility:	<input type="checkbox"/> Microscopy <input type="checkbox"/> GeneXpert <input type="checkbox"/> Truenat		

1. Laboratory HR

a)	Number of MT working at the site	Write the Number: Organization:
b)	Number of TA-Lab working at the site	Write the Number: Organization:
c)	Training Status	Name of training: Date of last training received:

2. Sample Quality

a)	Total number of samples observed			
b)	Number of samples collected early morning			
c)	Number of samples collected on spot			
d)	Number of samples received with adequate quantity (2-5ml) (out of observed sample)			
e)	Type of Sputum (mention Number)	Purulent	Muco-purulent	mucoïd
		Blood-stained	Saliva	Mixed with food particle
f)	Are samples transported maintaining proper storage or cold chain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	comments
g)	Does the MT process the sample immediately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	comments

3. Sample Preparation

a)	Did the technician label the sample information (specimen ID, date)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b)	Did the technician incubate the sample and swirl adequately till liquification (10-15 minutes) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c)	Did the technician mix and incubate lysis buffer bottle at room temperature for 3-5 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. DNA Extraction

a)	Did the technician label the cartridge with specimen ID?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b)	Did the technician dispense the elute into the labelled ECT immediately?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5. Amplification (PCR)

a)	Did the technician allow elute for 30-60 Sec in master mix tube to get a clear solution?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b)	Did the technician transfer the elute to the chip properly using micropipette?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

6. Adhering Biosafety Standards

a)	Did the technician wear PPE properly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b)	Are PPE supplies adequate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c)	Is an appropriate waste disposal system in place?				
	Waste bin/bucket	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Bio-Hazard Bag	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Incineration/Burning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	70% ethanol available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Soaked in 1% bleach	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7. Supply chain management

a)	Is the stock register up to date?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b)	Any stock out in last month?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c)	Stocks available for _____ days (balance/daily consumption rate)?				

8. Record keeping

a)	Are printed recording and reporting templates available (Lab register, Sample referral form, maintenance and service log, DR TB 10A, DRTB 06, stock register, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Specify any needs for templates:				
b)	Does the technologist fill all the registers and forms (Lab register, stock register, etc.) properly and correctly? (Review the registers)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Performance Monitoring

a)	Total number of presumptive tested last month		
	Total number of MTB detected:		
	Total number of RIF diagnosis:		
b)	Average number of test/day (last month)	Total test= Average (total test/24) =	
	If less than 12-15 tests (per day), identify reasons.	1. _____ 2. _____ 3. _____	
c)	Number of samples rejected as per criteria:		
	If rejected, how many of those are recollected:		
d)	Total number of cartridges used for DNA extraction last month:		
	Total number of MTB plus chips used last month:		
	Total number of RIF chip used last month:		
b)	Does all the MTB detected patients refer for treatment initiation (review the last month data)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the Truenat site refer the sample of RR TB patients for SL-LPA\ C&DST test? (review the data)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c)	Percentage of error for Trueprep last month? _____%		
	Percentage of error for Truelab last month? I) Error (%) for MTB Plus = II) Error (%) for RIF Dx =		
	If error rate >%, identify reasons.	1. _____ 2. _____ 3. _____	

10. Maintenance

a)	Maintenance & Service log sheet properly filled up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b)	Any service interruption in last month in days/hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, specify reasons:		
c)	Turn Around Time (TAT) for troubleshooting resolved since initiation of complaint:	Days\ hours:	
d)	Does the MT report troubleshooting incident through google form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e)	Equipment Maintenance notification log sheet	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available

II. Documents Availability

a)	Is printed SOP, training materials, Job aids, Troubleshooting manual, national algorithm available at the lab?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Comments (if any)				

Key findings and recommendation

Findings and recommendation

Date & Signature of Visitor

Instructions for Site Visit

- ✓ Fill-up one checklist per Truenat site
- ✓ Observe samples preparation and PCR test by the technician.
- ✓ Review the registers for accuracy of data recording and reporting for the last month/quarter.
- ✓ Review stock register to match consumables used and stock at hand.
- ✓ Discuss findings with the technician. Appreciate on positive findings. Mentor the technician on all findings marked 'NO' in the checklist.
- ✓ Leave written recommendations highlighting specific areas for improvement.
- ✓ Provide one copy of filled checklist to the site.