



MALARIA LABORATORY REGISTRATION FORM

77

2018

MALARIA LABORATORY REGISTRATION FORM

03801

Microscopic Center _____

State/Region _____ Township Hospital / VBDC _____ Station Hospital _____ RHC _____ Month _____ Year _____

Date _____

Date	Sr No	Blood Slides No.	Patient's Name	Age	Sex		Ward (Hospital)	Permanent Address (Source of infection)	Registration Number		Microscopy Result							RDT Result			Remark					
					Male	Female			OP	IP	NEG	PI	PI+g	PI+g	Count/µl	Pv	Pm/Po	Mix	PI	Pv		Mix	Negative			

QUALITY CONTROL, Cross Checking slides			
Blood Slides No.	Finding (PI/Pv/Pm/Po/Mix/N MPS)	Query	Remark

*On a monthly basis, all Malaria positive slides and 20% of randomly selected negative slides should be send from each laboratory center to the State/Regional VRDC laboratory for IQC.

*If the total slides examined at a particular laboratory are less than (50) in numbers, all slides must be sent for IQC.

Signature _____
 Name of Validator _____
 Designation _____
 Date _____