HMIS 6.2

# 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………..……

1. Address: Province………...... District………. M/RM……………………………. ward….… Tole …
2. Name of Guardian …………………………………………… 8. Contact no…………………………

9. History of Treatment: (i) No previous Treatment History (ii) Previous History of Treatment (iii) Current on Treatment (A. New B. Retreatment C. Others )

1. Retro Status: (i)- Positive (ii) Negative (iii) Unknown
2. Specimen Type: (i)- Sputum ( ii) Other (specify) .....................................
3. Laboratory test request for
4. **Microscopy** (i) Diagnosis. (ii) Follow-up (...................month)
5. **Xpert MTB/RIF (** i) Diagnosis. (ii) RR detection:

***C* LPA:** For*INH Resistance identification For patients who meet all three below mentioned criteria;*

(i) Retreatment cases, (ii) Rifampicin Sensitive *(via Xpert MTB/RIF)*  (iii) Smear Positive

f History of Contact with known TB, Mention DST result of: **i-** INH …… **ii-**Rif…………**iii-** Others:……….).

1. **Culture/DST:** ForPresumptive DR TB cases ***(****MTB not detected, or MTB detected with Rif In determinant)*
2. **DR TB Baseline and follow up cases**

(i) Routine collection for **0 month**: Collect 2 samples (ii) Routine collection for **follow up months**: Collect 1 sample

1. **HIV test*:*** *(All Forms of TB Cases)*

**13. Requested by** ……………………………… **Date of Sample Collection**: …………

**14 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** |
| **A** | **B M S** |  | **Scanty** | **1+** | **2+** | **3+** |  |  |
| **B** | **B M S** |  | **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)

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Name of Laboratory( GeneXpert Site):……………………………… Lab no……………..

1. **Xpert MTB/RIF test result**

|  |  |  |  |
| --- | --- | --- | --- |
| A) MTB | i - Detected | ii- Not detected | iii- Invalid/No result/Error …………… |
| B) Rif Resistance | i - Detected | ii- Not Detected | iii- Indeterminate |

Name/NHPC No /Signature/………………… …………….. Result Date:……………..

1. **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 | Signature/Name/NHPC No |

1. **LPA and C/DST Report ( to be filled on TB Reference Laboratory Only)**

Name of TB Reference lab: ………………… Lab No. : ……... Date of Sample Receipt …………….

# A. Report on Culture

|  |  |  |  |
| --- | --- | --- | --- |
| Tests | Smear Microscopy  (Concentrated Sample) | |  | | --- | |  |   Culture\* |
| Result |  |  |

\**Please see remarks below*

**B. Report on LPA**  (Result on LPA from: (i) Direct Specimen (ii) Culture )

|  |  |  |  |
| --- | --- | --- | --- |
| **Identification** |  |  |  |
| Drugs | Genes | Mutation | Result/ Interpretation\* |
| Rifampicin | rpoB |  |  |
| Isoniazid | KatG |  |  |
| Inh A |  |  |
| Fluoroquinolones | gyr A |  |  |
| gyr B |  |  |
| Second Line Injectable | rrs |  |  |
| eis |  |  |

\**Please see remarks below*

# Report on Drug Susceptibility Test (Phenotypic)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drugs | H | Z | Lfx | Mfx 0.25  µg/ml | Mfx 1.0  µg/ml | Cfz | Lnz | Am | Bdq | Dmn | Other |
| Result\* |  |  |  |  |  |  |  |  |  |  |  |
| Interpretation: S: Susceptible R: Resistance C: Contaminated ND: Not Done.  \**Please see remarks below* | | | | | | | | | | | |
| **Note:** *H-Isoniazid, Z-Pyrazinamide, Eto-Ethionamide, Lfx- Levofloxacin, Mfx- Moxifloxacin, BdqBedaquiline, Lnz- Linezolid, Cfz-Clofazimine, Am- Amikacin, Dmn- Delamanid* | | | | | | | | | | | |

1. **Remarks:**

1. Reported by :………………………… Verified by:………….…………… Date:…………… …