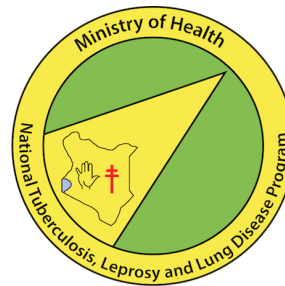


REPUBLIC OF KENYA



MINISTRY OF HEALTH



NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

EQA SUMMARY FORM CONSOLIDATED REPORT FORM

August 2018





CONSOLIDATED REPORT FORM

County/Sub County:.....

First controller(s):.....

Quarter:

Second controller:.....

Year:.....

QA coordinator:.....

Names of the laboratories	Performance of peripheral laboratories								Performance of the first controller								
	Numbers of smears re-			Numbers of errors**					Cont.	Numbers of smears			Numbers of errors****				
	1+ to 3+	cccc	Neg.	HFP	LFP	HFN	LFN	QE	ID***	1+ to 3+	Actual no.	Neg.	HFP	LFP	HFN	LFN	QE
TOTALS																	

Name..... Signature..... Date.....

Legend:
 * fill here the counts of results positive, scanty 1-9 or negative as registered at the controlled laboratory for the rechecked smears (column peripheral results from the rechecking form)
 ** fill here the numbers of errors found for the controlled laboratory, after discordants were rechecked by the second controller (HFP=high false positive, LFP=low false positive, HFN=high false negative, LFN=low false negative, QE=quantification error)
 *** fill here name or identification code of the first controller who reread slides from the respective laboratory
 **** fill here the counts of results positive, scanty 1-9 or negative as registered by the first controller for the rechecked smears (column first controller results from the rechecking form)
 ***** fill here the numbers of errors found for the first controller, after discordants were rechecked by the second controller (HFP=high false positive, LFP=low false positive, HFN=high false negative, LFN=low false negative, QE=quantification error)



NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

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