REPUBLIC OF KENYA



EQA SUMMARY FORM



National Tuberculosis, Leprosy and Lung Disease Program

February 2023 MOH/F/DNTLDP/09



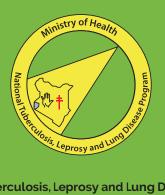
CONSOLIDATED REPORT FORM

County/Sub County:									First controller(s);								
Quarter:									Second controller:								
Year:									QA coordinator:								
Performance of peripheral laboratories									Performance of the first controller								
Names of the Laboratories	Numk	Numbers of errors**					Cont	Numbers of smears re-checked			Numbers of errors**						
	1+ to 3+	Actual No	Neg	HFP	LFP	HFN	LFN	QE	ID***	1+ to 3+	Actual No	Neg	HFP	LFP	HFN	LFN	QE
TOTALS									TOTALS								
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Legend:

- * fill here the counts of results positive, actual No. 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, actual No. 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 positive, QE=quantification error)





${\bf National\, Tuber culosis, Leprosy\, and\, Lung\, Disease\, Program}$

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