



سلطنة عمان  
وزارة الصحة  
SULTANATE OF OMAN  
MINISTRY OF HEALTH

Department of communicable  
Disease Surveillance & control  
National TB Control Programme

### Laboratory Register for TB Suspects

Name of Laboratory		Month:			Name of Recorder:							
SNo	Date Specimen Received	Full name & Tribe	Sex	Age	Nationality	Hospital ID	Address	Results of sputum smear microscopy			Known TB ? (if yes, Index No)	Remarks
								1	2	3		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

To be submitted by 10th of every month

Results of sputum smear microscopy: 0 AFB/100 fields [Negative]; 9 to 99 AFB /100 fields:[Pos 1]; 1-10 AFB/ field;[Pos2]; >10 AFB / field;[Pos 3]

Original to: National TB Programme

Copies to : CPHL, Regional Epidemiologist, Regional TB Focal Point

Signature & Stamp of MOIC