

QUARTERLY REPORT TB & NON-TB WARDS (DISTRICT LEVEL)

District				Ward	
Year		Quarter		Name of DTCCO	

1) Beds and Admissions

	TB			Other Respiratory Diseases		
	Male	Female	Total	Male	Female	Total
No of Beds						
Total No. of Admissions						
Total No. of Patients treated						

2) Deaths

	TB					Other Respiratory Diseases			
	Phase		Time			Asthma	COPD	Malignancy	Other
	Intensive	Continuation	On Admission	Within 24 hrs.	>24 hrs.				
Male									
Female									
Total									

3) Laboratory Services

a) Sputum Direct smear Examination

	For diagnosis	For follow up	Total
No. of persons investigated			
No. of smears examined			
No. of smear-positive patients			
No. of smear-negative patients			

b) Culture/WRD Examinations

	No. sent in the reporting quarter	No. sent in the previous quarter	Results of cultures of the previous quarter		
			Positive	Negative	Contaminated
Sputum					
Other specimens					

c) No. of Sputum slides sent for Quality Control

	No.
Positive slides	
Negative slides	

4) Radiological Examinations (Only for TB/Respiratory Disease Patients)

Investigation		No.
X-ray (Plain)	Micro films	
	Large films	
Special Radiological Examinations		

Date of Completion of Report	Signature	Rubber Stamp