

REPUBLIC OF KENYA



MINISTRY OF HEALTH

EQA SUMMARY FORM



**National Tuberculosis, Leprosy
and Lung Disease Program**

September 2020
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	Numbers of smears re-checked			Numbers of errors**					Cont	ID***	Numbers of smears re-checked			Numbers of errors**					
	1+ to 3+	Actual No	Neg	HFP	LFP	HFN	LFN	QE	1+ to 3+		Actual No	Neg	HFP	LFP	HFN	LFN	QE		
TOTALS										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)





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