REPUBLIC OF KENYA



EQA SUMMARY FORM



National Tuberculosis, Leprosy and Lung Disease Program

September 2020 MOH/F/DNTLDP/09



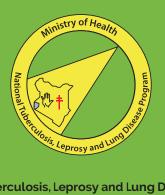
CONSOLIDATED REPORT FORM

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	Numb	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									
Name:						Sign	ature:				Г	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)





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

1st Floor, Afya Annex, Kenyatta National Hospital Grounds
P. O. Box 20781 – 00202 Nairobi

Email: info@nltp.co.ke | www.nltp.co.ke