

S.M.R.U Malaria quality control.

form 1: slides 1 to 50

CAMP: _____

MONTH: _____

N.G.O : _____

No	Date	SLIDE CODE NAME	LAB TECH RESULT	LAB Tech Name	CONTROL RESULT	Cont Name	THICK	SMEAR	THIN
							QLT	COLOR	SMEAR QLT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

note 1: Please slides recorded on the list must be in the same order in the box. slide N°1 in slot N°1...slide N°12 in slot N°12..etc

note 2: For the result we need **Specie(s)**, **development stages** observed (T, S, G), **Parasitaemia** with % of RBC parasitised for all 3+ and 4+, Presence of malaria pigment: report **M.P** if any.

note 3: For the lab tech name use always a unique 2 or 3 letters code per lab tech.

S.M.R.U Malaria quality control.

form 2: slides 51 to 100

CAMP: _____

MONTH: _____

N.G.O : _____

No	Date	SLIDE CODE NAME	LAB TECH RESULT	LAB Tech Name	CONTROL RESULT	Cont Name	THICK	SMEAR	THIN
							QLT	COLOR	SMEAR QLT
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									

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