

LABORATORY BLOOD SLIDE AND RDT REGISTER
OROMIA REGION MALARIA SURVEILLANCE FOR EPIDEMIC DETECTION

1: ZONE _____ 2: WOREDA _____ 3: Town _____ 4: Facility type (tick appropriately): ___A) Health Center ___B) Health Post ___C) Clinic ___D) Hospital
 5. SENT.SITE CODE |__|__|__| 6. NAME OF Health Facility: _____ 7. Health Facility Code: |__|__|__|

1 Ser.No	2 Date (EC)	3 Medical record or Card Number	4 Name of Kebele	5		6 Sex	7 Blood Film or DRT Results (Check appropriate Box)								8 Malaria (+/-)	9 Parasite Density (%)	10 Other Remarks (remark here if you see P malariae or P ovale)	
				Adult age	< 5 year Children age		BLOD FILM Result				RDT Result							
				a	b		a	b	c	d	e	f	g	h				i
				Completed Years	Completed Months		Pf+	Pv+	Mix	Neg	RF	Pf+	Pv+	Mixed				Neg
						M									Pos			
						F									Neg			
						M									Pos			
						F									Neg			
						M									Pos			
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						M									Pos			
						F									Neg			

Name of supervisor/coordinator: _____ Code: |__|__|__| Date form collected on: |__|__| |__|__| |__|__| Signature: _____