



M2

GFATM ROUND 9 INTENSIFIED MALARIA CONTROL PROJECT—II (IMCP-II) M 2 Laboratory Request Form for Slide Examination

For the use of Community Health Volunteer/Health Facility

State :

District :

PHC:		Subcenter:					Village:			CHV/Facility Name:		Year :
PHC code:				Subcenter code:			Village Code :			CHV/Facility code:		Month :
1	2	3	4	5	6	7	8	9	10	11	12	
Slide No.	Name of patient	Age	Sex	Duration of fever	A/P	Date of dispatch	Slide received date	Pv : Pos (✓) Neg (-)	Pf : Pos (✓) Neg (-)	Feed-back on smear quality by LT (Poor/ satisfactory/ good)	Result recd date	

Fill the first 7 columns and send to lab along with slide(s)

Fill this form even if there is only one slide.

The "Slide received date", "Result" and "Feedback on smear quality" columns will be filled by the laboratory and the form returned to the provider

In the last column, "Result received date", enter the date on which the result reached you

Once you get this form back from the lab, enter the result in your form M1

The form has to be filled in duplicate; One copy is retained and one copy is sent to Lab. Lab results are sent back in same form