

Month: \_\_\_\_\_ Year: 20\_\_\_\_  
 Date of Submission \_\_\_\_\_

**DHIS2 Monthly Diagnostic Reporting Form**

Tehsil \_\_\_\_\_ District \_\_\_\_\_



**Section I: Identification**

1	Facility ID							3	Signature of Facility In-charge	
2	Facility Name							4	Designation	

**Section II: Diagnostic Services (From Laboratory Register / TB Lab Register/ Radiology Register)**

S.No	Services Provided	OPD (Number)	Indoor (Number)	S.No	Services Provided	OPD (Number)	Indoor (Number)
1	Total Lab Investigations			6	Total ECG		
2	Total X-Rays			7	Total Echocardiography		
3	Total Ultrasonography's			8	Total ETT		
4	Total number of MRI			9	Total Elisa		
5	Total CT Scan						

**Section III: Laboratory Investigation for Communicable Diseases**

Viral Hepatitis & HIV			T.B			Malaria		
S.No	Indicator	Numbers	S.No	Indicator	Numbers	S.No	Indicator	Numbers
1	Total screened Patients (Hepatitis)		1	No. of presumptive TB cases identified		1	Slides Prepared	
1a	Hepatitis A +ve		2	Presumptive Tb Cases Undergoing Bacteriological Examination		2	Slides examined	
1b	Hepatitis B +ve		3	Presumptive Tb Cases With Positive Bacteriological Result		3	Slides MP +ve	
1c	Hepatitis C +ve		4	Number of patients screened for Drug Resistant TB through Gene Xpert		4	Slides P. falciparum +ve	
1d	Hepatitis E +ve		5	Number of patients with Positive Drug Resistant TB results through Gene Xpert				
2	Total screened Patients (HIV)							
2a	HIV screened +ve							

**Section IV: TB-DOTS Data During a Month (From Diagnostic center)**

S.No	Indicators	Total (numbers)
1	Number of all Type TB cases registered	
2	No of DRTB Cases detected	