



## MONTHLY CENSUS REPORT FORM

\_\_\_\_\_ ( indicate the month)

Name of Facility: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

PARTICULARS	TOTAL NO.	REMARKS
Specimen Tested		
• Positive		
• Non Reactive (T1)		
• Non Reactive (T2)		
• Non Reactive (T3)		
• Negative		
Discordant specimen		
• T1 (NR)		
• T1 (R), T2 (NR)		
• T1 <sup>®</sup> , T2 (R), T3 (NR)		
Invalid test		
Samples sent for validation		
Expired Reagents		
• T1		
• T2		
• T3		

Provide Root Cause Analysis ( Indicate Problem) :

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