# **PART 9: LABORATORY REGISTERS**

# HMIS FORM 055a1: HEALTH CENTRE II & III DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

# **DESCRIPTION AND INSTRUCTIONS**

**Objective:** To maintain records of person information, tests and results of the laborator tests

**Timing:** Daily or whenever a laboratory test is done

**Copies:** One copy which is kept in the health facility in the laboratory unit.

Responsibility: Health Facility laboratory In-charge or other personnel designated to complete the

lab register

**Materials needed:** Daily Activity register, pen, Laboratory request form.

Health Management Information System, Health Unit and Community Procedure Manual (October, 2014)Page 435

# HMIS FORM 055a1: HEALTH CENTRE II & III DAILY ACTIVITY LABORATORY REGISTER FOR GENERAL ANALYSIS

1	2	3	4	5	6	7	8	9				Parasit	Parasitology										robio	logy	
Date	Lab No.	OPD /IPD No.	Name	Sex	Age	village	umit	Specimen	Heamatology/ Serology			Malaria			Stool Microscop		Urine Microscopy					Swabs			26 Others (e.g. Bubo aspirates)
									10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
									Hb	WBCT	VDRL/RPR	Malaria Microscopy	Malaria RDTs	Other heamopatrasites	Macro/	Micro	Macros copy	Microscopy	Protein	Sugar	PREGNANCY	Type	Wet Prep	Gram Stain	
27. TOTAL NUMBER OF POSITIVE TESTS																									
TOTAL FOR EACH TEST DONE																									

# **DESCRIPTION OF COLUMNS**

#### 1. **DATE**:

Write the date for which the test is being captured. Please enter date per patients sample tested

## 2. LABORATORY NUMBER:

Write the specimen lab number. Start a new number for each month. Each laboratory number should consist of at least three digits e.g. 001

# 3. OPD NUMBER:

Write the patient's OPD number

### 4. **NAME**:

Write the patients names. Write both names in full

## 5. **SEX**:

Write in the patients sex F for female and M for male

## 6. AGE:

Write in the patient's age in numerals/numbers. For children below 5 years, include the number of months e.g. 2 year is 24 months, enter 8 months as 8/12

# 7. VILLAGE:

Write the patient's Village for better follow up

# 8. **UNIT**:

Write in the name of the Unit the sample is from or if OPD Write in OPD E.g. HIV/AIDS OPD Clinic, Pediatric OPD Clinic or General OPD clinic

## 9. SPECIMEN:

Write the type of specimen received for testing. E.g. stool, blood, urine, etc.

# 10. **Hb in gms**:

Write the Hemoglobin levels in number E.g. If Hb is 10gms/100mls or 10gm/dl- enter the number as 10

## 11. WBC Total:

Write the Total White Blood cell Count. Report total per cubic millimeter e.g. 4000/mm3

# 12. **VDRL/RPR**:

Write in the results of the test either VDRL or RPR

# 13. MALARIA PARASITES:

Write in the result of the test Positive or Negative. if thin film is done, report the type of parasite identified (Species)

# 14. MALARIA RDTs:

Write the results of malaria Rapid Diagnostic Tests Positive or Negative.

# **Technical Module 5: Inpatient and Specialty Services**

15. **OTHER HAEMOPARASITES**: Write results of other haemoparasites identified Positive or Negative. If thin film is done, report the type of parasite identified (Species).

## 16. MACRO:

Write in the result of macroscopic examination Report macroscopic appearance of specimen. E.g. formed, loose, blood stained.

## 17. MICRO:

Write in the result of microscopic examination. Report microscopic findings

# 18. MACRO COPY:

Write in the result of macroscopic examination. Report macroscopic appearance of specimen

### 19. MICRO COPY:

Write in the result of microscopic examination. Report microscopic findings

20. **PROTEIN**: write in the results of the test. Report according to instructions on the strip bottle.

# 21. **SUGAR**:

Write in the results of the test. Report according to instructions on the strip bottle

## 22. PREGNANCY TEST:

Write in the results of the pregnancy test. Report negative (Neg) or Positive (Pos)

# 23. **TYPE**:

Write in the type of specimen puss, high vaginal swabs etc

#### **24. WET PREP:**

Write in the results of the wet preparation. Report microscopic finding

# 25. GRAM STAIN:

Write in the results of the Gram stain E.g. G/positive cocci or G/Negative intracellular diplococcic

# 26. OTHER TESTS:

Write the results of any other test you have done that is not included in the range of tests on the register Report tests done at the facility but not provided for on the laboratory register. E.g. Bubo Aspirates CSF, etc.

**TOTAL TEST TYPE CARRIED OUT**: enter in this column the total tests done so far. This will help you when filling in the monthly summary report. Add and record the sum of each type of test recorded and total up at the end of the month. This is the number that will be used to fill in the monthly summary