# Malaria Laboratory Registration Form

**2018**

## Malaria Laboratory Registration Form

<table>
<thead>
<tr>
<th>Date</th>
<th>S. No.</th>
<th>Blood Slide No.</th>
<th>Patient’s Name</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Permanent Address (Name of village)</th>
<th>Registration Number</th>
<th>Microscopy Result</th>
<th>RDT Result</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Microscopic Centre: [Microscopic Centre Details]**

**Quality Control, Cross-Checking: [Quality Control Details]**

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1. *Note: On a monthly basis, all malaria-positive slides and 20% of randomly selected negative slides should be sent from each laboratory center to the State/Regional Malaria Laboratories for QC.*
2. *Note: All slides examined at a particular laboratory are less than 50% in number, all slides must be sent for QC.*

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Signature: [Signature]

Name of Validator: [Name]

Designation: [Designation]

Date: [Date]