

REPUBLIC OF KENYA



MINISTRY OF HEALTH

# LABORATORY SUPPORT SUPERVISION CHECKLIST







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(Checklist to be used by SCMLT and CMLT for AFB microscopy during EQA Feedback missions)

County:..... Sub-county/Zone:..... Quarter.....year  
 Name of AFB microscopy centre:..... Public/Non-public  
 Date of visit:.....

## I. Human Resources

No. Laboratory Techs/Technos:  
 No. Laboratory Techs/Technos attended AFB refresher within last 2 years:.....  
 No. Laboratory Techs/Technos attended other trainings within last 2 years:.....  
 (Specify trainings:.....)

## II. Major Equipment

Status of microscope during the immediate past quarter: Working (.....) Not working (.....)

## III. Availability of basic commodities

Commodity	Is there enough stock	
	Yes	No
Sputum containers		
Sputum request forms		
Carbon fuchsine		
Methylene blue		
Sulphuric acid		
Microscope slides		
Hydrochloric Acid		
Auramine		

## IV. Working Environment

Indicator	Yes	No
1. Laboratory clean and orderly. (Check on general arrangement of reagents and other items)		
2. There are areas set aside for TB work		
3. Disposal container covered with manila paper or case of disposal		
4. Used containers disposed correctly autoclaved, burnt or buried		
5. All staff wear protective clothing		
IPC SOPs are available - Designated sputum collection point, windows open, hood extractor checked daily, disposal of containers, focal point		

## V. Technical Indicators

Indicators	Yes	No
1. Written SOPs available and hanged in appropriate places		
2. Sputum collection strategy (suspects) as per NTLD-Program guidelines i.e. Spot, Morning Spot		
3. Specimen containers labeled correctly on the sides		
4. Quality of all the already prepared slides appropriate (consider specimen quality, size, thickness, evenness, cleanliness and staining)		
5. Sputum turnaround time within 24 hours		
6. AFB register present and details filled in properly		
7. Internal quality control using known _ and negative slides done		
8. All slides kept for EQA (both positive and negative without separating)		
9. Major errors noted in the last EQA		
10. Minor errors noted in the last EQA		
11. Previous quarter AFB report submitted in time		
12. Enter patient positivity rate (suspects)		
13. EQA Feedback in the laboratory		

## VI. Three key issues for follow-up (Must be filled)

Problem / gap	Intervention	Responsible person	Date of completion
1.			
2.			
3.			

Name of facility In-charge: \_\_\_\_\_

Name of CMLT/SCMLT \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Three copies to be completed: a copy each for the facility, CMLT and SCMLT



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