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| **Zonal Summary Report for Specimen Referral and Result Delivery** | | | | | | | | | | |
| **Purpose** | | Quarterly Specimen referral and result delivery summary reporting template | | | | | | | **Date: \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | |
| **Activity Period** | | From: \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_ | | | | To: \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | | Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Regional Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_ | | Email:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **To be Filled by EPSE** | | | | | | | **To be Filled by Zonal Health Department** | | | |
| **S.No** | **Name of Testing Sites** | | Total # of Specimen transported | Total # of Result delivered | # of Health facility visited (round trip) | | Check for site level confirmed specimen referral tracking sheets | | | |
| # Available | # Not available | | Remark |
| 1 |  | |  |  |  | |  |  | |  |
| 2 |  | |  |  |  | |  |  | |  |
| 3 |  | |  |  |  | |  |  | |  |
| 4 |  | |  |  |  | |  |  | |  |
| 5 |  | |  |  |  | |  |  | |  |
| 6 |  | |  |  |  | |  |  | |  |
| 7 |  | |  |  |  | |  |  | |  |
| 8 |  | |  |  |  | |  |  | |  |
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| 10 |  | |  |  |  | |  |  | |  |
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| 12 |  | |  |  |  | |  |  | |  |
| 13 |  | |  |  |  | |  |  | |  |
| 14 |  | |  |  |  | |  |  | |  |
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| 16 |  | |  |  |  | |  |  | |  |
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| 18 |  | |  |  |  | |  |  | |  |
| 19 |  | |  |  |  | |  |  | |  |
| 20 |  | |  |  |  | |  |  | |  |
| **Regional Health Bureau Approval** | | | | | | | | | | |
| Name of the regional director: | | | | | | | | | | |
| Signature: | | | | | | | | | | |
| Date: | | | | | | | | | | |
| Stamp | | | | | | | | | | |

***NOTE: Source Document Must be Testing Sites Specimen Referral Tracking Sheet***