**Specimen referral checklist**

The purpose of the checklist is to provide additional information on specimen referral and reporting of results for TB beyond what is already included in the TB-Net Tool verification questions. A Referral Laboratory is one that receives any specimen for TB testing. A Referring Facility is one that collects specimens from presumptive or confirmed TB patients and sends to another laboratory for processing and testing.

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| Name of laboratory |  |
| Location of site (City/town, District, State) |  |
| Laboratory Level | \_\_\_ National  \_\_\_ Intermediate (supervisory)  \_\_\_ Peripheral |
| TB tests performed at this site  (check all that apply) | \_\_\_ Collect Specimens         \_\_\_ AFB Smear-microscopy  \_\_\_ Xpert MTB/RIF (Ultra)              \_\_\_ LPA  \_\_\_ Culture                            \_\_\_ DST  \_\_\_ LF- LAM \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Referral lab or referring facility or both? |  |

Persons interviewed

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| **Name** | **Position** |
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**Referral Laboratory**

**Reporting period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Key Performance Indicator** | **Result** |
| Number of referred specimens tested at the referral laboratory |  |
| Proportion of shipments that arrive at the referral laboratory within the specified transport time | Target time: \_\_\_\_\_ |
| Proportion of test results that were picked up by the transport service or transmitted electronically within the specified turnaround time after generation of the test result | Target time: \_\_\_\_\_ |
| Proportion of specimens that were rejected because of factors related to inadequate or improper transport, packaging or documentation (disaggregated by referring site) |  |

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| **Question** | **Microscopy** | **Xpert MTB/RIF** | **LPA** | **Culture** | **DST** | **Other \_\_\_\_\_\_\_\_** |
| Which services do you provide for referred specimens? (Check all that apply) |  |  |  |  |  |  |
| How many facilities refer their specimens to you? |  |  |  |  |  |  |
| By what means or modes of transportation do the specimens arrive? |  |  |  |  |  |  |
| How often are the specimens delivered? Does this happen on set days? Please provide a schedule if there is one. |  |  |  |  |  |  |
| Do you have any problems with the quality of specimens that you receive? If so, what challenges? |  |  |  |  |  |  |
| If so, what challenges? |  | | | | | |
| Do you have any problems with the timeliness of specimens that you receive? |  |  |  |  |  |  |
| If so, what challenges? |  | | | | | |
| Are there clearly defined policies and procedures for rejecting specimens or a shipment? |  |  |  |  |  |  |
| Describe procedures for informing a referring site of issues with the quality or timeliness of specimen transport or rejection of specimens? |  | | | | | |
| How do you send results back?  (e.g., by mail, email, SMS, etc.) |  |  |  |  |  |  |
| How long does it take for you to send back results? |  |  |  |  |  |  |
| Do you have any challenges with the results return? |  | | | | | |
| Do you monitor or track any key performance indicators? If yes, which ones?  *List KPIs that are tracked and results from the reporting period only if different from the ones listed above.* |  | | | | | |
| What feedback have you received on performance related to your role in specimen referral and results reporting? |  | | | | | |
| Who pays for the specimen referral system? |  | | | | | |
| Do you have any other challenges with the specimen referral system? |  | | | | | |

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**Referring Facility**

**Reporting period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Key Performance Indicator** | **Result** |
| Number of specimens referred for testing |  |
| Proportion of referred specimens for which a result was returned |  |
| Proportion of referred specimens for which a result was received within the target turnaround time | Target time: \_\_\_\_\_ |
| Proportion of specimens which were picked up by the transport service within the target turnaround time | Target time: \_\_\_\_\_ |

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| **Question** | **Microscopy** | **Xpert MTB/RIF** | **LPA** | **Culture** | **DST** | **Other \_\_\_\_\_\_\_\_** |
| What types of specimens are referred (S=sputum, C= CSF, B=biopsy, I=isolates, Other: \_\_\_\_\_\_\_\_)? |  |  |  |  |  |  |
| To which laboratory(ies) is your TB specimens referred? |  |  |  |  |  |  |
| How are your TB specimens transported or referred and who provides the service?  (e.g., courier, lab or clinic staff, program staff, postal services) |  |  |  |  |  |  |
| How often are the specimens picked up? Does this happen on set days? Please provide a schedule if there is one. |  |  |  |  |  |  |
| Are any other specimens picked up at the same time? |  |  |  |  |  |  |
| Do you have any challenges with proper packaging materials or cold chain? |  | | | | | |
| How do you receive results back?  (e.g., by mail, email, SMS, etc.) |  |  |  |  |  |  |
| Do you have any challenges with the results return? If so, what challenges? |  | | | | | |
| Do you monitor or track any key performance indicators? If yes, which ones?  *Assessor: list KPIs that are tracked and results from the reporting period only if different from the one listed above.* |  | | | | | |
| Do you receive any feedback on performance related to your role in specimen referral? |  | | | | | |
| Who pays for the specimen referral system? |  |  |  |  |  |  |
| Do you have any other challenges with the specimen referral system? |  | | | | | |