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| **Regional Summary Report for Specimen Transportation and Result Delivery** | | | | | | | | | | | |
| **Purpose** | | Quarterly Specimen referral and result delivery summary reporting template | | | | | | | **Date: \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | |
| **Activity Period** | | From: \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_ | | | To: \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | | |  | |  |
| **Region:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Regional Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_ | | Email:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **To be Filled by EPSE** | | | | | | | **To be Filled by Regional Health Bureau** | | | | |
| **S.No** | **Name of Zone** | | 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 |  | |  |  | |  |  |  | |  | |
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| **Regional Health Bureau Aproval** | | | | | | | | | | | |
| Name of the regional director: | | | | | | | | | | | |
| Signature: | | | | | | | | | | | |
| Date: | | | | | | | | | | | |
| Stamp | | | | | | | | | | | |

***NOTE: Source Document Must be Zonal Summary of Specimen Referral Tracking Sheet***