

Patient Name: \_\_\_\_\_

Patient Age: |\_\_| |\_\_| . |\_\_|

Years

Months

Patient Sex: Male  Female

### FORM HIFM2 - THICK MALARIA PARASITE SMEAR RESULTS

Date of Test: |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_||\_\_||\_\_| or Not Done  \_\_\_\_\_  
Day Month Year

**Complete the following items using the lab results from the thick malaria smear.**

- a) Malaria Microscopy Result:
- Scanty  1
  - + Positive  2
  - ++ Positive  3
  - +++ Positive  4
  - Negative  5
  - Not Done  6

b) Parasite Count (Enter actual number) |\_\_||\_\_||\_\_||\_\_| or Not Done  1  
Count/100 HPF

c) Photos Taken of Slide?

Yes  1

No  2

**Hospital ID**

(stick label here)

*Initials/Date*

Transcribed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

**Subject ID**

(stick label here)