



Annexure XIV

Annual Report — HIGH RISK SCREENING

Period of reporting From..... To.....

1.	No. of High Risk Screening samples collected in reporting period		
2.	No. of samples screened		
	No. of samples confirmed		
3.	No. of samples stored to be sent for screening at a later date		
4.	High Risk Screening cases sent to centres (give only numbers here)		
a.	Sandor		
b.	NIMHANS		
c.	MAMC Any other		
6.	Results obtained (Yes/No) (provide no's)		
7.	List diagnosis of screen positives	<i>Technology used for confirmation of diagnosis</i>	<i>Treatment/management provided</i>
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.		
8.	Any other issues related to High Risk Screening		

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