

WEST BENGAL

Department of Health & Family Welfare
Bengal State AIDS Prevention & Control Society
Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 091

C4 : Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)
NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

MMW

Name & address of the SA-ICTC :

Name: Surname Jalil Middle Name _____ First name Horrobin
Age: 22 (years)

Gender: Male Female Transgender

PID No. MBD00219 1219 Lab. ID No. : _____
Date & time of Blood Drawn: _____ (DD/MM/YY) _____ (HH:MM)

Test Details

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time specimen tested: 4/2/19 (DD/MM/YY) _____ (HH:MM)

- Note:
- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
 - No cell has to be left blank; indicate as NA wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: <u>Medi Screen</u>	<u>NR</u>	<u>NR</u>	<u>NA</u>
Test II: _____			
Test III: _____			

Interpretation of the result: Tick (✓) relevant

- Specimen is negative for HIV antibodies
 - Specimen is positive for HIV-1 antibodies
 - *Specimen is positive for HIV antibodies (HIV-1 and HIV-2; or HIV-2 alone)
 - Specimen is indeterminate for HIV antibodies. Collect fresh sample in 2 weeks
- *Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

Name & Signature
Laboratory Technician

Name & Signature
Laboratory In-charge

R3

MMW

6
873

GOVERNMENT OF WEST BENGAL
Department of Microbiology
(Serology & Immunology Section)
Murshidabad Medical College & Hospital
Berhampore, Murshidabad, West Bengal

JAKIR HASSEN

Laboratory I.D.:		Age:	22	Years
Registration No.:	12681	Sex:	Male / Female	
Date of Receipt:	03 / 02 / 2019	Referred by:		
Sample:		Date of Report:	/ / 201	
Provisional Diagnosis:				

Name of Test	Type of Test	Test value / Result
<input checked="" type="checkbox"/> C-Reactive protein (C.R.P.) (Normal value < 6mg/Lit)	Latex agglutination Test	> 6mg/Lit (Positive /Negative)
<input checked="" type="checkbox"/> Rheumatoid factors (R.A. Factor) (Normal value < 10 I.U/ml)	Latex agglutination Test	10 I.U./ml (Positive/Negative)
<input checked="" type="checkbox"/> Antistreptolysin O (ASO) titre (Normal value < 200 I.U/ml)	Latex agglutination Test	200 I.U./ml (Positive/Negative)
<input checked="" type="checkbox"/> Anti-H.C.V.	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> HBsAg	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> Hepatitis-A (HAV)	Chromatographic Immunoassay	Reactive / Nonreactive
<input checked="" type="checkbox"/> Rapid Plasma Reagin (RPR) Test	Flocculation Test	Reactive / Nonreactive
<input checked="" type="checkbox"/> Dengue NS1	ELISA	Reactive / Equivocal / Nonreactive
<input checked="" type="checkbox"/> Dengue IgM	MAC ELISA	Reactive / Equivocal / Nonreactive
<input checked="" type="checkbox"/> Widal Test	Agglutination Test	
<input checked="" type="checkbox"/> HIV		

Dr. Sankar O HEALTH POINT er Joutha Udyog
(O.P.D. & I.P.D. Patients, Msd. MCH, Berhampore)

Reports pending

Name of the patient : JAKIR HASSEN.

Age : 22 years Sex : Male

Address : Hariharpara, Murshidabad

Mobile No. : 8768873508

OPD / IPD Registration No. : 12681 New Case / Old Case :

Clinical Diagnosis : CKD Ward : MMW

Referred from : M.S.D.M.C.H.,

Investigation Reports : Blood Biochemistry : Sugar 105 Urea 177

Creatinine 13.6 Potassium

Serology : HBsAG NR Anti HCV : NR

Serum Sodium

ICTC (HIV I & II) : NR Hemoglobin Level : 6.7g/dl Others :

Advised by : S. Dr. SUKANTA MONDAL Designation : VP
(Name in Block Letters) (Not below the rank of RMO)

Medical Officer
Murshidabad Medical College & Hospital
Murshidabad

Medical Officer
Murshidabad Medical College & Hospital
Berhampore, Murshidabad

Whether patient belong to BPL : YES / NO (Documents to be submitted)

Whether entitled to RSBY Scheme : YES / NO

Whether patient belongs to JSSK : YES / NO

Whether the patient is referred from any Govt. Hospital : YES / NO

Name of the referral Hospital :

Number of Dialysis needed (anticipated)

Date :

Sankar O
Signature of Faculty / VP / VS / RMO
Murshidabad Medical College & Hospital
Berhampore

*Place the requisition slip directly to the Dialysis centre, Msd. MCH, Berhampore for necessary action.

Registration No. : Date :

Forwarded to Dialysis Centre (Health point Dialysis Centre, Msd. MCH)

Allowed free for nos of Haemodialysis
(EXCEPT DIALYSIS KIT CHARGE)