

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

4015

Name: <u>Mosikul SK</u>	Age: <u>22</u> Years
Laboratory I.D.:	Sex: <u>Male</u> / Female
Registration No.: <u>0713</u>	Referred by:
Date of Receipt: <u>11/6/2018</u>	Date of Report: <u>   </u> / <u>   </u> / 201 <u>8</u>
Sample:	
Provisional Diagnosis:	

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

*Reporting Officer*  
**Department of Microbiology**  
**Central Laboratory**  
**Murshidabad Medical College & Hospital**



**GOVT. OF WEST BENGAL**

Form to be filled in duplicate

**Department of Health & Family Welfare  
West Bengal State AIDS Prevention & Control Society**

1<sup>st</sup> Floor, Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 091

**HIV TEST REPORT FORM**

87

Name and address of ICTC Centre: \_\_\_\_\_

**MURSHIDABAD MEDICAL COLLEGE & HOSPITAL**

Name: First Name Moufiquel Middle Name \_\_\_\_\_ Surname Sh

Gender: W/FTG M Age: 22 (Years), Date and time blood drawn: \_\_\_\_\_

PID No. GCI/W SAICTC WB **MBD00218** 02940 Lap ID No. 02940

**Test Details**

Specimen type used for testing: Serum/ Plasma/ Whole Blood

Date and time specimen tested: 28/4/18 (DD/MM/YYYY) \_\_\_\_\_ (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 where not applicable.

Column 1	Column 2	Column 3	Column 4	Column 5
Name of HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies	Batch No. with Expiry Date
<u>Combo test: Aids</u>	<u>NA</u>	<u>NA</u>	<u>NR</u>	<u>4000019665R 17.4.19</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 two weeks.

\*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

-- End of report --

Name & Signature with stamp of  
Laboratory Technician

Name & Signature with stamp of  
Laboratory In-Charge/MOIC