

GOVT. OF WEST BENGAL

Form to be filled in duplicate

Department of Health & Family Welfare

West Bengal State AIDS Prevention & Control Society

1st Floor, Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 091.

Annexure C4 : Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)

NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

mmw

Name & address of the SA-ICTC : MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name: Surname Buddhadeb Middle Name — First name Sankar

Gender: Male Female Transgender Age: 28 (years)

PID No. 4187 Lab. ID No. 4187

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: 24/4/19 (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>Comb Diab</u>	<u>NR</u>	<u>NR</u>	<u>NR</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

(Urgent)

MNCO, R3

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

Name: **BUDHADEB BHASKAR** Age: **28** Years
 Laboratory I.D.: _____ Sex: Male / Female
 Registration No.: **47608** Referred by: _____
 Date of Receipt: **24 / 04 / 2019** Date of Report: **1 / / 2019**
 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)
Anti-H.C.V.	Chromatographic Immunoassay	Reactive / <u>Nonreactive</u>
HBsAg	Chromatographic Immunoassay	Reactive / <u>Nonreactive</u>
Hepatitis-A (HAV)	Chromatographic Immunoassay	Reactive / Nonreactive
Rapid Plasma Reagin (RPR) Test	Flocculation Test	Reactive / Nonreactive
Dengue NS1	ELISA	Reactive / Equivocal / Nonreactive
Dengue IgM	MAC ELISA	Reactive / Equivocal / Nonreactive
Widal Test	Agglutination Test	
HIV		
HIV		

Reporting Officer
 Department of Microbiology
 Central Laboratory