

**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

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**HIV TEST REPORT FORM**

Name and address of ICTC Centre: MURSHIDABAD MEDICAL COLLEGE & HOSPITAL

Name: First Name Hasina Middle Name \_\_\_\_\_ Surname Begam

Gender: M/F/TG F Age: 31 (Years), Date and time blood drawn: DD/MM/YYYY HH:MM

PID No. GC/PW SAICTC WB MBD00218 05905 Lab ID No. 05905

**Test Details**

Specimen type used for testing: Serum Plasma/ Whole Blood

Date and time specimen tested: 2/8/18 (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
Test I:	<u>NA</u>	<u>NA</u>	<u>NR</u>	<u>40000198548</u> <u>7/8/19</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

5364  
02.08.18

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

Name:	<i>Hasina Begum</i>	Age:	<i>31</i> Years
Laboratory I.D.:	<i>71</i>	Sex:	Male / Female
Registration No.:	<i>7241</i>	Referred by:	
Date of Receipt:	<i>21.8.2018</i>	Date of Report:	<i>1 / 2018</i>
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 / Nonreactive
HBsAg	Chromatographic Immunoassay	Reactive / Nonreactive
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 I		
HIV II		

*[Signature]*  
**Reporting Officer**  
**Department of Microbiology**  
**Central Laboratory**