

GOVT. OF WEST BENGAL

**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

A9

MAN

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

Name: Surname SU Middle Name Sanjivani First name Harj

Gender: Male Female Transgender Age: 45 (years)

PID No. MBD00219 2595 Lab. ID No. : 2595

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: 12/8/19 (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 Aids</u>	<u>NA</u>	<u>NA</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*

SA
Name & Signature
Laboratory Technician

On
Name & Signature
Laboratory In-charge

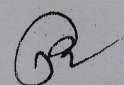
2252

RU/MOH
PD

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

Name: SA Saikat Kumar	Age: 45	Years
Laboratory I.D.:	Sex:	(Male/Female)
Registration No.: 28486	Referred by:	
Date of Receipt: 12.03.2019	Date of Report: / / 201	
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	


Reporting Officer
Department of Microbiologav