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

Name: <u>Asmatul Haque</u>	Age:	30 Years
Laboratory I.D.:	Sex:	Male / Female
Registration No.: <u>BC158</u>	Referred by:	
Date of Receipt: <u>24 / 28 / 2018</u>	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)
<input checked="" type="checkbox"/> Anti-H.C.V.	Chromatographic Immunoassay	Reactive / <u>Nonreactive</u>
<input checked="" type="checkbox"/> 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	


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

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

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HIV TEST REPORT FORM

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

Name: First Name Aparajita Middle Name - Surname Das

Gender: M/F/TG M Age: 30 (Years), Date and time blood drawn: DD/MM/YYYY HH:MM

PID No. GC/PW SAICTC WB **MSD00218** 06573 Lab ID No. 06573

Test Details

Specimen type used for testing: Serum Plasma/ Whole Blood

Date and time specimen tested: 24/8/18 (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:	NA	NA	NR	9000019557 4/6/19
Test II:	<hr/>			
Test III:	<hr/>			

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