

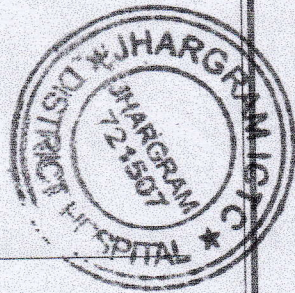
GOVT. OF WEST BENGAL

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

HIV TEST REPORT FORM



Name and address of ICTC Centre: _____

Name: First Name CHANCHAL Middle Name _____ Surname Das

Gender: M/F/TG M Age: 29 (Years), Date and time blood drawn: 31 DEC 2018

PID No. GC/PW SAICTC WB GC/PW SAICTCWBMNP004160 610 Lab ID No. G-487

Test Details

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

Date and time specimen tested: 31 DEC 2018 (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: <i>MERKAPRO</i>	<u>NR</u>	<u>NR</u>	<u>NA</u>	<u>M1024829</u> <u>7-19</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