

GOVT. OF WEST BENGAL

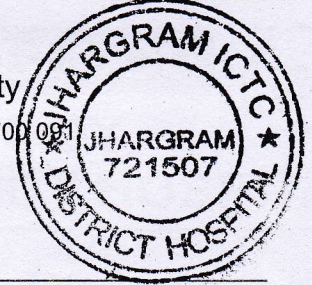
Form to be filled in duplicate

Department of Health & Family Welfare

West Bengal State AIDS Prevention & Control Society

1st Floor, Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 081

MMWT
29



HIV TEST REPORT FORM

Name and address of ICTC Centre: _____

Name: First Name Nobhit Middle Name _____ Surname Chalok

Gender: M/F/TG Male Age: 55 (Years), Date and time blood drawn: 09 JUL 2019

PID No. GC/PW SAICTC WBC/PW SAICTC WBMN 004190 3349 Lab ID No. GC-200

Test Details

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

Date and time specimen tested: 09 JUL 2019 (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
COMB AIDS test I RS	<u>NA</u>	<u>NA</u>	<u>NR</u>	<u>4000021038</u> <u>02-02-20</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