

FMW
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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 RAYMONT Middle Name _____ Surname HENBRON

Gender: M/F/TG F Age: 35 (Years), Date and time blood drawn: 14 JUN 2019

PID No. GC/PW SAICTC WB GC/PW SAICTCWBMP004190 Lab ID No. CP-320

Test Details

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

Date and time specimen tested: 14 JUN 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 RS Test I:	NA	NA	NR	4000021038 02-02-2020
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