

**Department of Health & Family Welfare**  
 West Bengal State AIDS Prevention & Control Society

1<sup>st</sup> Floor, Swasthya Bhawan, Block GN-29, Sector-V, Salt Lake, Kolkata-700 091

MMW  
X13

**HIV TEST REPORT FORM**



Name and address of ICTC Centre: \_\_\_\_\_

Name: First Name Sitaram Middle Name \_\_\_\_\_ Surname Mahali

Gender: M/F/TG male Age: \_\_\_\_\_ (Years), Date and time blood drawn: 07 JUN 2019

PID No. GC/PW SAICTC WB GC/PW SAICTCWBMP004190 2914 Lab ID No. GC-352

**Test Details**

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

Date and time specimen tested: 17 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
<u>COMB AIDS RS</u>	<u>NA</u>	<u>NA</u>	<u>NR</u>	<u>1000021038</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