## **GOVT. OF WEST BENGAL**

## 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

Annexure C4 : Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)

## NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

Name & address of the SA-ICTC :	f.M.D. H		
lame: Surname Sahoo Middle Name First name Samaresh			- amaresh
Gender: Male Female Trans			
PID No. 1 1000 100 5220	Lab. ID	No.:	***
Date & time of Blood Drawn:	1101.	(DD/MM/YY)	(HH:MM)
Test Details  Specimen type used for testing (tick of Date & Time specimen tested:  Note:  Column 2 and 3 to be filled only wheeled in No cell has to be left blank; indicate as	61719 n HIV 1 & 2 antibody d	(DD/MM/YY)	
Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: COMBAIDS	M	MA	NR
Test II:		1	/
Test III:			
Interpretation of the result: Tick (✓) relevant  Specimen is negative for HIV antibod  Specimen is positive for HIV-1 antibod  *Specimen is positive for HIV antibod  Specimen is indeterminate for HIV at *Confirmation of HIV 2 sero-status at identification.	dies odies lies (HIV-1 and HIV-2; d intibodies. Collect fresh	n sample in 2 weeks	S
Name & Signature Laboratory Technician			Name & Signature aboratory In-charge
.nlukide (CL-)		J	1
ALCIUM	mg/dl		

PURBA MEDINIPUR DISTRICT HOSPITAL