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

HIV TEST REPORT FORM

FMW-230.

Name and address of ICTC Centre: _		131
	Middle Name Suge: _60_ (Years), Date and time blood drawn	
Note: • Column 2 and 3 to be filled of	m/ Plasma/ Whole Blood 9 JUL 2019 (DD/MM/YYYY) only when HIV 1 & 2 antibody discriminatory technicate as NA where not applicable.	(HH:MM) st(s) used.

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
COM	B RS NA	NA	NR	4000821038
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

Form to be filled in duplicate