

04 : 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 : DISTRICT HOSPITAL
KRISHNAGAR, NADIA

Name: Surname Dandare Middle Name _____ First name Shoma

Gender: Male Female Transgender Age: 22 (years).

PID No. 2078 Lab. ID No. : 2078

Date & time of Blood Drawn: 28/5/19 (DD/MM/YY) _____ (HH:MM)

Test Details

- Specimen type used for testing (tick one) : Serum / Plasma / Whole Blood
- Date & Time specimen tested: 28/5/19 (DD/MM/YY) _____ (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 wherever not applicable

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: <u>Comb Aids</u>	<u>N.A</u>	<u>N.A</u>	<u>NON REACTIVE</u>
Test II:	<u>—</u>	<u>—</u>	<u>—</u>
Test III:	<u>—</u>	<u>—</u>	<u>—</u>

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 2 weeks
- *Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

Name & Signature
 Laboratory Technician

Name & Signature
 Laboratory In-charge

Pathologist

District Hospital, Nadia