

NHLS Parasitology Blood PT Scheme

SURVEY __/__/__ RESPONSE FORM

PTS LAB NO: _____

| CHALLENGE: | ANSWER CODE/S*: e.g. 44, 00, 43 etc. | PARASITEMIA** (%): |
|------------|---|--------------------|
| PB____/21 | | |

Please provide contact telephone and email where all PT communication in connection to this scheme can be addressed.

Department: Microbiology Haematology

Laboratory Contact Name: _____

Email: _____

Email: parapts@nhls.ac.za or Fax: 086 225 2460

See closing date on the schedule on www.nhls.ac.za