



**National Health Laboratory Service
Immune monitoring CD4 Proficiency Testing Scheme**

RESULT SHEET

PLEASE USE THIS RESULT SHEET UNTIL CD4 PTS WEB IMPLEMENTATION

Survey number	
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Participant name, participant code number and sub code letter must be entered to be assessed			
Participant laboratory name:		Code number:	
Received: (DD/MM/YY)		Sub code letter:	
Date of analysis(DD/MM/YY)		Instrument serial number:	

Methodology									
Aquios		FACSCount		FACSCalibur		Partec		Other	
Point of care testing	Alere PIMA		Partec Cyflow miniPOC		BD FACSPresto		Other		
Lysing method	Immunoprep(Q Prep)			Facslyse		No wash no lyse		Other	
Absolute count beads	BC FlowCount			BDS Trucount			Other		
Basic methodology	Single Platform			Volumetric			Other		

Antibody panels				
Identify the antibody (CD) and fluorochrome for each tube of the panel				
Panel	MAb - FL1	MAb - FL2	MAb - FL3	MAb - FL4
Tube 1				
Tube 2				

Absolute count values					
Sample	CD4⁺ T cells (cells /μl)	CD8⁺ T cells (cells /μl)	CD3⁺ Total (cells /μl)	CD19⁺ B cells (cells /μl)	CD3⁺/CD16⁺/CD56⁺ Natural killer cells (cells /μl)
Sample A					
Sample B					

Lymphocyte percentage values					
Sample	CD4⁺ T cells %	CD8⁺ T cells %	CD3⁺ Total %	CD19⁺ B cells %	CD3⁺/CD16⁺/CD56⁺ Natural killer cells (%)
Sample A					
Sample B					

Comments					

Date	Name(Please print)	Signature
Telephone number		e-mail address