



Microbiology Proficiency Testing Scheme  
National Health Laboratory Services  
AARQA  
1 Modderfontein Road, Sandringham, 2133

### NHLS PROFICIENCY TESTING SCHEME HBsAg SEROLOGY

Survey No:		Closing Date:	
Shipment Date:		Receipt Date of PT Samples:	
Laboratory Code:		Submission date of response:	
Processing Date:		Telephone:	

**Please make sure all the following details are completed.**  
PLEASE INDICATE WITH  FOR FINAL INTERPRETED RESULTS.

SAMPLE NUMBER	TYPE OF TEST (e.g Rapid, EIA etc)	OVERALL RESULT
HB01		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
HB02		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
HB03		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
HB04		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
HB05		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
HB06		<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE

#### HBsAg Kit Details

HBsAg KIT USED	Lot NUMBER	Expiry Date

Please email the completed form to [seropts@nhls.ac.za](mailto:seropts@nhls.ac.za) or fax it to: +27 (0) 86 246 8373.