

HIV Early Infant Diagnosis Proficiency Test Response Form**Read Instructions Carefully:**

Email this form as an email attachment to seropts@nhls.ac.za. Once NHLS receives your email with the result form attached, you will receive a confirmation email. The Report Form should be printed and retained in the lab for review by regulatory and accrediting agencies.

Name of laboratory:	
Laboratory ID:	
Date PT panel received:	
Date PT panel tested:	
Extraction Assay:	
Detection Assay:	

Please enter your results below. In the column "Your Results", please use the exact phrase "HIV-1 Detected" or "HIV-1 Not Detected". HIV CT/OD Values and IC/QS Values are optional columns

Sample or Control ID	Your Results	HIV CT/OD Values	IC/QS Values
EXAMPLE Positive	HIV-1 Detected	-	-
EXAMPLE Negative	HIV-1 Not Detected	-	-
Kit Negative Control			
Kit Positive Control			
NHLS Negative Control			
NHLS Positive Control			
2021 - 01			
2021 - 02			
2021 - 03			
2021 - 04			
2021 - 05			