


**NHLS PROFICIENCY TESTING SCHEME
HIV 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)	OD READING (if applicable)	INTERPRETATION	OVERALL RESULT
H01	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
H02	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
H03	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
H04	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
H05	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
H06	A			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> NEGATIVE
	B			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
	C			<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	

Laboratory		Survey no	
Receipt Date of		Submission Date of	

	ANTI-HIV KIT USED	BATCH NUMBER	CUT-OFF READING (if applicable)
A			
B			
C			

ADDITIONAL OR CONFIRMATORY ASSAYS (e.g. Western Blots, line assays, etc).
To be performed on positive samples only.

SAMPLE NUMBER	RESULT			PROTEIN BANDS PRESENT
	POS	EQUIV	NEG	
H01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

KIT USED	BATCH NUMBER

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