



**National Health Laboratory Service Proficiency Testing Program for HIV-1 Viral Load Using DTS: Result Submission Form**

**Instructions:**

Completely fill all fields in this form, verify all fields are complete, check for transcription errors, and submit the results. Email this form, as an email attachment, to [seropts@nhls.ac.za](mailto:seropts@nhls.ac.za) . Once NHLS PT Scheme receives your email with the electronic result form attached, you will receive an electronic confirmation email immediately. Please retain this form in the lab for review by regulatory and accrediting agencies.

<b>Name of laboratory:</b>	
<b>Laboratory ID:</b>	
<b>Date PT panel received:</b>	
<b>Date PT panel tested:</b>	
<b>Viral load assay:</b>	
<b>Assay Lot Number:</b>	
<b>Assay Expiration date:</b>	
<b>Specimen volume used for testing:</b>	

<b>Sample or Control ID</b>	<b>Viral Load (log<sub>10</sub> copies /ml)</b>
<b>Negative control</b>	
<b>Low positive control</b>	
<b>High positive control</b>	
<b>VL-2021 – Sample 1</b>	
<b>VL-2021 – Sample 2</b>	
<b>VL-2021 – Sample 3</b>	
<b>VL-2021 – Sample 4</b>	
<b>VL-2021 – Sample 5</b>	