



NHLS Malaria RDT PT Scheme SURVEY __/__/__ RESPONSE FORM

PTS LAB NO: _____

CHALLENGE:	ANSWER CODE:	Kit used	Comments
MR___/21			
MR___/21			
MR___/21			

Malaria RDT not done in our laboratory

Please provide contact telephone and email where all PT communication in connection to this scheme can be addressed.

Department: Microbiology Haematology

Laboratory Contact Name: _____

Email: _____

Email: parapts@nhls.ac.za or Fax: 086 225 2460

See closing date on the schedule on www.nhls.ac.za