



National Health Laboratory Service

**Cryptococcal antigen lateral flow assay proficiency testing scheme
(CrAg LFA PTS)**

RESULT SHEET

PLEASE MAKE COPIES OF THE RESULT SHEET FOR ALL SURVEYS

Survey number		Trial number	
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Participant name and participant code number must be written in

Participant laboratory name:		Code number:	
Received: (DD/MM/YY)		Date sent back to QA: (DD/MM/YY)	2021

Methodology

CrAg lateral flow assay (LFA) (Immuno-Mycologics [IMMY], Norman, OK)	
Other (please state method)	
Kit lot number	
Kit expiry date	

Note well: It is important to enter the kit lot number

Results

	Negative	Positive	Indeterminate
Sample C			
Sample D			
Sample E			

Indeterminate result please give an explanation

Comments/Suggestions/Queries/Complaints

Date	Name(Please print)	Signature
Telephone number	e-mail address	

Return of result sheet

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