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2131

South Africa

**NHLS NON-TREPONEMAL SEROLOGY PROFICIENCY TESTING SCHEME**

**Please make sure all the following details are completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Survey No:** |  | **Closing Date:** | **2021** |
| **Shipment Date:** |  **2021** | **Receipt Date of PT Samples:** |  |
| **Laboratory Code:** |  | **Submission date of response:** |  |
| **Processing Date:** |  | **Telephone:** |  |

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**Please supply the requested information regarding the test methodology used.**

|  |  |  |
| --- | --- | --- |
| Sample | Results | **Name of kit used**(e.g. MacroVue) |
| **Qualitative**(e.g. Reactive) | **Quantitative**(e.g. 1:2) |
| **Non-Treponemal****Sample S01** |  |  |  |
| **Non-Treponemal****Sample S02** |  |  |  |
| **Non-Treponemal****Sample S03** |  |  |  |

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

**Please note that the Customer Satisfaction Survey questionnaire will from now on only be sent once at the end of the year with the last Survey panel. Queries and Complaints can be forwarded to the contact details supplied.**