



**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**

<b>Survey number</b>		<b>Trial number</b>	
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**Participant name and participant code number must be written in**

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

**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**

	<b>Negative</b>	<b>Positive</b>	<b>Indeterminate</b>
<b>Sample C</b>			
<b>Sample D</b>			
<b>Sample E</b>			

**Indeterminate result please give an explanation**


**Comments/Suggestions/Queries/Complaints**


<b>Date</b>	<b>Name(Please print)</b>	<b>Signature</b>
<b>Telephone number</b>	<b>e-mail address</b>	

**Return of result sheet**

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