[Reference; Q-Pulse5/docs/active/ QASS0003v5]

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## NHLS NON-TREPONEMAL SEROLOGY PROFICIENCY TESTING SCHEME

Please make sure all the following details are completed.

Survey No:	Closing Date:	2022
Shipment Date:	Receipt Date of PT Sample	es:
Laboratory Code:	Submission date of respo	nse:
Processing Date:	Telephone:	

Please supply the requested information regarding the test methodology used.

Sample	Results		Name of kit used
	<b>Qualitative</b> (e.g. Reactive)	Quantitative (e.g. 1:2)	(e.g. MacroVue)
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.