

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



PTS LAB NO: _____

Sample Number	Answer Code	Kit Used	Comment
MR__/_/___			
MR__/_/___			
MR__/_/___			

Please provide contact details of the person that can be contacted with regard to any information pertaining to the scheme:

Name _____ Surname _____

Email address _____ Tel Number _____

Email: parapts@nhls.ac.za or Fax: 086 225 2460
Result due dates are available on www.nhls.ac.za