

HIV TEST REPORT FORM

Name and address of ICTC centre:

(Form to be filled in duplicate)

Name : Surname _____ Middle name _____ First name _____

Gender: M / F / TG Age: _____ Years PID # _____ Lab ID # _____

Date and time blood drawn: _____ (DD/MM/YY) _____ (HH:MM)

Test Details

Specimen type used for testing: Serum / Plasma / Whole Blood

Date and time specimen tested: _____ (DD/MM/YY) _____ (HH:MM)

Note :

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test kit	Reactive/Nonreactive(R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I :			
Test II :			
Test III :			

Interpretation of the result : Tick(✓) relevant

- Specimen is negative for HIV antibodies
- Specimen is positive for HIV-1 antibodies
- *Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
- Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.

* Confirmation of HIV 2 sero- status at identified referral laboratory through ART centres

--End of report--

Name & Signature
Laboratory TechnicianName & Signature
Laboratory In-charge