

CHHATTISGARH STATE AIDS CONTROL SOCIETY

State Health Training Centre, Near Kalibadi Chowk, Raipur (C.G.)

HIV TEST REPORT FORM

(Form to be filled in duplicate)

Name and address of ICTC Centre

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 : Comb AIDS			
Test II : RAPID			
Test III : SIGNAL			

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.

Name & Signature
Laboratory Technician

Name & Signature
Laboratory In-charge