

EXTERNAL QUALITY ASSESSMENT PROGRAMME QUARTELY RE - TESTING

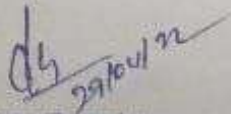
Name of the Testing Site : Dr. R.P. Hospital Mayabunder

Quarter -1<sup>st</sup>: April, 2022.

DETAILS OF SAMPLES

NO. OF SAMPLE MENTIONED IN STS	NO. OF SAMPLE RECEIVED AT SRL	NO. OF SAMPLE LEAKAGE	SAMPLE NO.	SRL OPERATIONAL ID	RESULT AT ICTC	RESULT AT SRL	REMARKS
01	01	NIL	9/280	SRL/22/22	NR	NR	UO 'F. Concordance

Camboards    Cam boards  
 10000 24672    10000 26644  
 2/2/23        07/02/24

  
 Laboratory Technician  
 Zonal Blood Testing Centre  
 GB Pant Hospital, Port Blair

  
 SRL INCHARGE  
 G.B. PANT HOSPITAL  
 PORT BLAIR

Sub: 12/5  
12/5



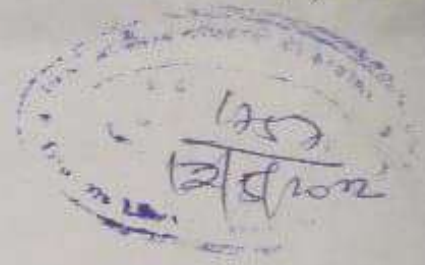
परियोजना निदेशक का कार्यालय  
अंडमान तथा निकोबार एड्स नियंत्रण सोसाइटी  
OFFICE OF THE PROJECT DIRECTOR  
ANDAMAN & NICOBAR AIDS CONTROL SOCIETY (ANACS)  
National AIDS Control Organization (NACO)  
Under Ministry of Health & Family Welfare, Gov

F.No.4-11/ANACS/SRL/EQAS/2022-23/76

DATE: 2/5/22

To

The Medical Officer,  
Pere. Dr. R.P. Hospital  
Maipabunder.



Sub: Report of External Quality assessment Programme (1<sup>st</sup> Quarter April, 2022-23) - Reg.

Sir,

With reference to the QA Samples Transportation sheet in connection with the External Quality Assessment quarterly re- testing of serum samples for HIV antibody, it is informed here that .....01..... No. of serum samples was received for the 1<sup>st</sup> Quarter of April 2022 on 12/04/22. As per the QA sample transportation sheet .....01..... of samples were non reactive and .....111..... were reactive for HIV antibody.

It is confirmed here that.....01..... of samples is Non Reactive for HIV antibody and there is no ambiguity in the result.

The test details are mentioned in separate page attached herewith. Looking forward for your future participation in the HIV EQAS programme.

Yours faithfully,

Encl: A/A

*Handwritten signature*

SRL In-charge

SRL INCHARGE  
G.B. PANT HOSPITAL  
PORT BLAIR