

PROFICIENCY TESTING FORM

Name of Proficiency Testing Provider: ICMR-NARI, Pune

Year: 2022-23 Round: II

Date Panel Dispatched: 03/03/2023

Closing Date:

Date proficiency panel received: 03/03/2023

10/3/2023

Date of testing proficiency panel: 06/03/2023

Date report sent: 06/03/2023

HUMAN IMMUNODEFICIENCY VIRUS TYPE-1 (HIV-1) ANTIBODY TESTING

NOTE :

The HIV-1 performance evaluation samples are undiluted, unaltered individual donor material. It is the intention to provide laboratories with performance evaluation samples that closely resemble the types of specimens that laboratories encounter in their routine daily testing.

PT Laboratory Identification No.:

EQ-12

(Number can be found on your panel box)

Laboratory Name: IIRC-2 North District Hospital Mapusa - Asilo

Type of Laboratory: NRL/SRL/ICTC/PPTCT/PI-ICTC/PPP-ICTC/Blood Bank/Private lab

Address of Laboratory (where testing is undertaken): IIRC-2 North District Hospital

Mapusa-Goa.

Street: Mapusa, Bardez - North Goa.

State: Goa.

Postal Code: 403507

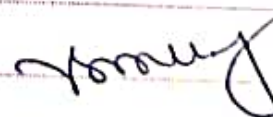
Telephone No. _____

E-mail: PPrasilo@gmail.com

Fax No.: _____

Name of nodal officer:
& Signature

Dr. Varsha Mury

Senior Pathologist
North District Hospital,
Mapusa - Goa

ICMR-National AIDS Research Institute, Pune PT FEEDBACK FORM

To our invaluable participants,
We would like to solicit your suggestions on how we can best improve our PT services. Please take time to fill up this form and submit it by email, or fax to the address provided on data submission form.

Thank you for your time and cooperation

Name of the participating laboratory: *TCRC-II HIV testing lab.* Lab. ID: *EA-12*
PT Scheme: Details of the round: (mm/yr): *Round-II-2022-23*

Please select the appropriate option and mention your comments if you are not satisfied with any of the following:

1.Feedback related to proficiency items			Comments if any
a. Are the Proficiency item/ PT sample received before the closing date	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Are the labels on the PT samples clear and readable.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Is the quantity of the PT samples sufficient for testing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Have you received the packet/box in good condition	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2.Feedback related to documents of PT rounds			
a. Is the data submission form clear and easy to fill	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Have you received instructions along with the PT sample	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Are the instructions to participants clear	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Are the content of performance reports for last round clear and appropriate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____

3.Other comments:if you have any suggestion/ comment please mention in details.

Name of the participating laboratory In-charge: *Dr. Varsha Dwij Tetc-I NDHM-Asilo*

Varsha Dwij
Signature and date: _____
Pathologist

Comments by PT coordinator: _____
Manasa, Goa

Signature and date: _____

GENERAL INSTRUCTIONS

- Please read all instructions completely before testing.
- Fill relevant pages and record all information legibly within the appropriate spaces.
- Enter EQAS laboratory identification number in the boxes provided. Your EQAS number is present on the panel box containing proficiency panel.
- Perform the test procedure (s) in the same manner as the routine samples following NACO Strategy III.
- **Do not report for more than three tests.**
- As far as possible use the kits provided by NACO and follow all the instructions as per kit insert.
- Enter in the spaces provided the last two digits of the sample code that appears on each vial, e.g.

01

02

- **Wherever differentiating kits are used, kindly specify the results as HIV-1/ HIV-2/ HIV-1+2.**
- Prior to use, allow samples to reach room temperature (18-30°C).
- Spin the samples before testing to avoid the interference of turbidity in the test results.
- All samples should be treated as potentially infectious and should be handled using Universal Safety precautions.
- **Results should be sent within eight days after receiving the panel.**
- If the samples cannot be tested for any reason (eg. Unavailability of kits) store the samples at – 20 °C.
- Any clarification required regarding EQAS programme, please contact the PT provider at the following address.

Address of Proficiency Testing Provider

ICMR-NATIONAL AIDS RESEARCH INSTITUTE
 Plot No. 73, 'G' Block, MIDC, Bhosari,
 Pune-411026

Phone No. : 020-27331200
 Fax : 020-27121071
 E mail : ptprovidernari@gmail.com

NON REPORTING CODES

CODE	REASONS FOR NOT REPORTING RESULTS
T	Test not performed in this laboratory
L	Samples lost or destroyed in laboratory
R	Test reagents not available
I	Insufficient sample volume to perform test
O	Other (please specify on results form)

PT Lab ID. No.

E Q . 1 2

KIT DETAILS

	Kit Details		
	Test I	Test II	Test III
Type of Test (Rapid/ELISA/Western Blot)	Rapid	Rapid	Rapid
Name of the test	CONUBAIDS-As Advantage-ST	MeriscreeN HIV1-2 WB.	QUADRO HIV1-2 AB.
Manufacturer	ARKRAY Healthcare Pvt. Ltd.	Pterid Diagnostic Pvt. Ltd.	Pterid Diagnostic Pvt. Ltd.
Lot #	KP00028036	PI102131	PI0922023
Date of Expiry	28/11/2024	09/2023	11/2023
Principle of the test	Dot Immunoassay	lateral flow Immunochromatographic Assay	Flow through Qualitative Assay

FINAL RESULTS

S.No.	Panel Sample ID	Test Results			Final Interpretation
		Test I	Test II	Test III	
1.	A	NR	-	-	Negative
2.	B	R 1:5.0	R HIV-1	R HIV-1	Positive for HIV-1
3.	C	NR	-	-	Negative
4.	D	NR	-	-	Negative

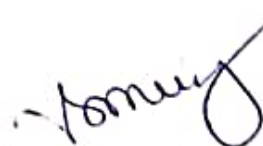
R : Reactive ; NR : Nonreactive; P: Positive; I : Indeterminate ; N : Negative

Remarks (if any) :

Pishetgawankar

Signature of Technician

Date: 06/03/2023



Signature of Nodal Officer

Date: 06/03/2023

Senior Pathologist
North District Hospital,
Mapusa - Goa