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National AIDS Control Organisation
India's NACO against AIDS
Ministry of Health & Family Welfare, Government of India
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PROFICIENCY TESTING SCHEME FOR HIV SEROLOGY

SMC, Vijayawada, Andhra Pradesh
SIDDHARTHA MEDICAL COLLEGE VIJAYAWADA,
GUNADALA, VIJAYAWADA, ANDHRA PRADESH, 520008

Report released: 02-08-2023 02:19:14 PM

Proficiency Testing (PT) Report

Name of PT Panel Provider (NRL): **IPM, Hyderabad, Telangana**
Name of Panel distributing Laboratory (SRL): **SMC, Vijayawada, Andhra Pradesh**

Participant Lab: **AH., NUZIVEEDU**
Laboratory ID: **2801650**
PT round: **First - 2023-24**

Panel issued: **2023-08-01**
Panel received: **2023-08-01**
Panel tested: **2023-08-02**

PARTICIPANT PERFORMANCE REPORT

Panel Member	Panel ID	Results of Participating Laboratory	Final Status	Laboratory Performance
Panel Member - 1	A	Negative	Concordant	Satisfactory
Panel Member - 2	B	Negative	Concordant	
Panel Member - 3	C	Positive	Concordant	
Panel Member - 4	D	Negative	Concordant	

"This report is confidential and the performance is shared with the participating laboratory, respective National Reference Laboratory, Apex laboratory and NACO only".
Kindly contact SRL In-charge for any queries.

Report authorized by
Dr.Y.Saritha M.D- SRL In-Charge

--: End of report :-



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PROFICIENCY TESTING SCHEME FOR HIV SEROLOGY

SMC, Vijayawada, Andhra Pradesh
SIDDHARTHA MEDICAL COLLEGE VIJAYAWADA,
GUNADALA, VIJAYAWADA, ANDHRA PRADESH, 520008

Report released: 13-04-2023 11:23:24 AM

Proficiency Testing (PT) Report

Name of PT Panel Provider (NRL): **IPM, Hyderabad, Telangana**
Name of Panel distributing Laboratory (SRL): **SMC, Vijayawada, Andhra Pradesh**

Participant Lab: **AH., NUZIVEEDU**
Laboratory ID: **2801650**
PT round: **Second - 2022-23**

Panel issued: **2023-04-11**
Panel received: **2023-04-11**
Panel tested: **2023-04-12**

PARTICIPANT PERFORMANCE REPORT

Panel Member	Panel ID	Results of Participating Laboratory	Final Status	Laboratory Performance
Panel Member - 1	A	Negative	Concordant	Satisfactory
Panel Member - 2	B	Negative	Concordant	
Panel Member - 3	C	Positive	Concordant	
Panel Member - 4	D	Negative	Concordant	

"This report is confidential and the performance is shared with the participating laboratory, respective National Reference Laboratory, Apex laboratory and NACO only".
Kindly contact SRL In-charge for any queries.

Report authorized by
Dr.Ch.Srinivasarao- SRL In-Charge

--: End of report :-



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Reverse Testing (RT)

To be filled by ICTC

Name of the State * All the fields are mandatory

Name of District

Name of the linked SRL

Email Address of the ICTC

Name of the ICTC

SIMS ID

Reporting for the Month * Financial Year

Date of NACO CoE Certification

Date of NABL M(EL)T Certification

Name of the First kit used at ICTC

Name of the Second kit used at ICTC

Name of the Third kit used at ICTC

General Data - Filled by ICTC

Total No of HIV tests done in the previous quarter

No of HIV 1 positive cases in the previous quarter

No of HIV 2 positive cases in the previous quarter

No of HIV 1+2 positive cases in the previous quarter

No of indeterminate cases in the previous quarter

Number of indeterminate samples with HIV-2 results in the previous quarter

No of indeterminate cases resolved at SRL in the last quarter

No of LT/s working in the ICTC

LT/s supported by

Reverse QC Testing - Filled by ICTC

RCA/CA done for discordant samples for last round Root Cause Analysis (RCA), Corrective Action (CA)

Sample submission date in the current quarter

No of HIV positive samples sent to SRL in the current quarter

No of HIV negative samples sent to SRL in the current quarter

Remarks by ICTC

Reverse QC Testing - Filled by SRL

Re-testing Date

RT Final Result

No of HIV positive samples found discordant (false positive) Please leave the following section, if there is no discordance & type "0" in the filed

	PID #	ICTC result	SRL Result	Remarks/CA
i				
ii				
iii				
iv				
v				

No of HIV negative samples found discordant (false negative) Please leave the following section, if there is no discordance & type "0" in the filed

	PID #	ICTC result	SRL Result	Remarks/CA
i				
ii				
iii				
iv				
v				

Remarks by SRL

Data entered by SRL



Please print and keep a copy in the records



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Reverse Testing (RT)

To be filled by ICTC

I
1
2
3
4
5
6
7
8
9
10
11
12
II

Name of the State * All the fields are mandatory

Name of District *

Name of the linked SRL *

Email Address of the ICTC *

Name of the ICTC *

SIMS ID *

Reporting for the Month * Financial Year *

Date of NACO CoE Certification

Date of NABL M(EL)T Certification

Name of the First kit used at ICTC *

Name of the Second kit used at ICTC *

Name of the Third kit used at ICTC *

General Data - Filled by ICTC

1
2
3
4
5
6
7
8

Total No of HIV tests done in the previous quarter

No of HIV 1 positive cases in the previous quarter

No of HIV 2 positive cases in the previous quarter

No of HIV 1+2 positive cases in the previous quarter

No of indeterminate cases in the previous quarter No of indeterminate cases resolved at SRL in the last quarter

Number of indeterminate samples with HIV-2 results in the previous quarter

No of LT/s working in the ICTC

LT/s supported by

Reverse QC Testing - Filled by ICTC

III
1
2
3
4
5

RCA/CA done for discordant samples for last round Root Cause Analysis (RCA), Corrective Action (CA)

Sample submission date in the current quarter

No of HIV positive samples sent to SRL in the current quarter

No of HIV negative samples sent to SRL in the current quarter

Remarks by ICTC

Reverse QC Testing - Filled by SRL

IV
1
2
3

Re-testing Date

RT Final Result

No of HIV positive samples found discordant (false positive) Please leave the following section, if there is no discordance & type "0" in the filed

PID #	ICTC result	SRL Result	Remarks/CA
i			
ii			
iii			
iv			
v			

No of HIV negative samples found discordant (false negative) Please leave the following section, if there is no discordance & type "0" in the filed

PID #	ICTC result	SRL Result	Remarks/CA
i			
ii			
iii			
iv			
v			

5
6

Remarks by SRL

Data entered by SRL



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Reverse Testing (RT)

To be filled by ICTC

I
1
2
3
4
5
6
7
8
9
10
11
12
II

Name of the State * All the fields are mandatory

Name of District *

Name of the linked SRL *

Email Address of the ICTC *

Name of the ICTC *

SIMS ID *

Reporting for the Month * Financial Year *

Date of NACO CoE Certification

Date of NABL M(EL)T Certification

Name of the First kit used at ICTC *

Name of the Second kit used at ICTC *

Name of the Third kit used at ICTC *

General Data - Filled by ICTC

1
2
3
4
5
6
7
8
III

Total No of HIV tests done in the previous quarter

No of HIV 1 positive cases in the previous quarter

No of HIV 2 positive cases in the previous quarter

No of HIV 1+2 positive cases in the previous quarter

No of indeterminate cases in the previous quarter No of indeterminate cases resolved at SRL in the last quarter

Number of indeterminate samples with HIV-2 results in the previous quarter

No of LT/s working in the ICTC

LT/s supported by

Reverse QC Testing - Filled by ICTC

1
2
3
4
5

RCA/CA done for discordant samples for last round Root Cause Analysis (RCA), Corrective Action (CA)

Sample submission date in the current quarter

No of HIV positive samples sent to SRL in the current quarter

No of HIV negative samples sent to SRL in the current quarter

Remarks by ICTC

Reverse QC Testing - Filled by SRL

1
2
3

Re-testing Date

RT Final Result

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I				
II				
III				
IV				
V				

No of HIV negative samples found discordant (false negative) Please leave the following section, if there is no discordance & type "0" in the filed

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I				
II				
III				
IV				
V				

5
6

Remarks by SRL

Data entered by SRL



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