



ICMR | **NARI**
INDIAN COUNCIL OF
MEDICAL RESEARCH | NATIONAL AIDS
RESEARCH INSTITUTE



National AIDS Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.org.in

Proficiency Testing (PT)

To be completed by SRL

I
1 Name of the State **Telangana** * All the fields are mandatory *
2 Name of District **NALGONDA** *
3 Name of linked SRL **GMC, Secunderabad, Telang** *
4 Email Address **ictcdvk@gmail.com** *
5 Name of the ICTC **ICTC, AREA HOSPITAL, DEV** *
6 SIMS Code / ID **2801754** *
7 Round **Second** * Year **2022-23** *

Proficiency Testing Samples

Root Cause Analysis (RCA), Corrective Action (CA)

II
1 RCA/CA done for discordant samples for last round **No** Sample tested Date **2023-04-26**
2 Sample received Date **2023-04-25** Reviewed by SRL
3 Panel member 1--> **A** result--> **Negative** SRL review result--> **Concordant**
4 Panel member 2--> **B** result--> **Positive** SRL review result--> **Concordant**
5 Panel member 3--> **C** result--> **Negative** SRL review result--> **Concordant**
6 Panel member 4--> **D** result--> **Negative** SRL review result--> **Concordant**
7 Remarks by ICTC **NO** PT Final Result **Satisfactory**
8 Date & time of data submitted by ICTC **27-04-2023 12:24:18 PM**
9 Remarks by SRL **NA**
10 Date & time of data submitted by SRL **26-08-2023 04:02:16 PM**

Print

Please cross check all details before submitting

[Handwritten signature]
I/C MEDICAL OFFICER
I.C.T.C. Secunderabad,
Dist. Nalgonda - 508 248 Telangana State