

EXTERNAL QUALITY ASSESSMENT SCHEME FORM

Name of Proficiency Testing Provider: NATIONAL REFERENCE LABORATORY,
IPM, Hyderabad, Telangana State.

Date of Proficiency Panel Distribution: 25/04/23

Date of Testing Proficiency Panel: 26/04/23

Date Report sent: 26/04/23

**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.

EQAS Laboratory Identification No.:

2801754

(I/m 03/02/1754)

(Number can be found on your panel box)

Laboratory Name: ICTC

Type of Laboratory: NRL/SRL/ICTC/PPTCT/ FI-ICTC/ PPP-ICTC/ BLOOD BANK

Address of Laboratory (where testing is undertaken): Area Hospital,

Street: Devarakonda, Dist: Nalgonda

State: Telangana Postal Code: 508208 Telephone No. 8328513313

e-mail: ghulbermd24@gmail.com

Fax No.:

Name of nodal officer:
& Signature

Dr. N. Ramulu MS