



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 First * Year 2023-24 *

Proficiency Testing Samples

II
1 RCA/CA done for discordant samples for last round No *Root Cause Analysis (RCA), Corrective Action (CA)*
2 Sample received Date 2023-08-24 Sample tested Date 2023-08-25
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
8 Date & time of data submitted by ICTC 29-08-2023 01:37:42 PM PT Final Result Satisfactory
9 Remarks by SRL NA
10 Date & time of data submitted by SRL 01-09-2023 12:56:23 PM

Print

Please cross check all details before submitting

[Handwritten Signature]
ICMRL OFFICER
I.C.T.C. Devarakonda,
Dist. Nalgonda - 506 248 Telangana State

[Handwritten Signature]

EXTERNAL QUALITY ASSESSMENT SCHEME FORM

Name of Proficiency Testing Provider: State Reference Laboratory
Microbiology Department,
Gandhi Medical College

Date of Proficiency Panel Distribution: 24/08/2023 & 25/8/2023

Date of Testing Proficiency Panel: 25/08/2023

Date Report sent: 25/08/2023

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.

EQAS Laboratory Identification No.:

2801754

CIPM 03/03/1754

(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: 508248 Telephone No. 8328513313

e-mail: ghousemdu@gmail.com

Fax No.:

Name of nodal officer: Dr. N. Ramulu MS
& Signature

EQAS Lab ID No.

2801754

LABORATORY RESULTS FORM FOR 1st RAPID TEST

NON-REPORTING CODE

Name of the test CombAids Type of assay Rapid

Manufacturer ARICRAY Healthcare Pvt Ltd

Lot # 4000027510

Date of expiry 06.08.2024

TEST CONTROLS RESULTS

POSITIVE CONTROL: NEGATIVE CONTROL: Positive : Negative

EQAS SAMPLES RESULTS

Sample Code	Enter Results Applicable as per the procedure	Interpretation (Circle One)
<input type="checkbox"/> A	<u>Non-Reactive</u>	R <input checked="" type="radio"/> NR
<input type="checkbox"/> B	<u>Reactive</u>	<input checked="" type="radio"/> R NR
<input type="checkbox"/> C	<u>Non-Reactive</u>	R <input checked="" type="radio"/> NR
<input type="checkbox"/> D	<u>Non-Reactive</u>	R <input checked="" type="radio"/> NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR

R: Reactive; I: Indeterminate; NR: Nonreactive

EQAS Lab ID No.

2801754

LABORATORY RESULTS FORM FOR 2ND RAPID TEST

NON REPORTING CODE

Name of the test STANDARD HIV 1/2 Type of assay Rapid

Manufacturer SD Biosensor Health Care Pvt. Ltd

Lot # C057090

Date of expiry 08/2024

TEST CONTROLS RESULTS

POSITIVE CONTROL: NEGATIVE CONTROL: positive negative

EQAS SAMPLES RESULTS

Sample Code

Enter Results Applicable as per the procedure

Interpretation (Circle One)

<input checked="" type="checkbox"/> A	<u>Non reactive</u>	R	I	<input checked="" type="radio"/> NR
<input checked="" type="checkbox"/> B	<u>HIV 2. Reactive</u>	<input checked="" type="radio"/> R	I	NR
<input checked="" type="checkbox"/> C	<u>Non reactive</u>	R	I	<input checked="" type="radio"/> NR
<input checked="" type="checkbox"/> D	<u>Non reactive</u>	R	I	<input checked="" type="radio"/> NR
<input type="checkbox"/>		R	I	<input checked="" type="radio"/> NR
<input type="checkbox"/>		R	I	NR
<input type="checkbox"/>		R	I	NR
<input type="checkbox"/>		R	I	NR
<input type="checkbox"/>		R	I	NR

R: Reactive ; I: Indeterminate ; NR: Nonreactive

EQAS Lab ID No.

2801754

LABORATORY RESULTS FORM FOR 3RD RAPID TEST

NON REPORTING CODE

Name of the test TREDO HIV LAB Type of assay Rapid

Manufacturer Merril Diagnostic Pvt. Ltd

Lot # MT0323034

Date of expiry 09.03.2025

TEST CONTROLS RESULTS

POSITIVE CONTROL: NEGATIVE CONTROL: Positive, Negative

EQAS SAMPLES RESULTS

Sample Code	Enter Results Applicable as per the procedure	Interpretation (Circle One)
<input checked="" type="checkbox"/> A	<u>Non reactive</u>	R <input checked="" type="radio"/> NR
<input checked="" type="checkbox"/> B	<u>Hiv 1 reactive</u>	<input checked="" type="radio"/> R NR
<input checked="" type="checkbox"/> C	<u>non reactive</u>	R <input checked="" type="radio"/> NR
<input checked="" type="checkbox"/> D	<u>non reactive</u>	R <input checked="" type="radio"/> NR
<input type="checkbox"/>		R <input checked="" type="radio"/> NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR
<input type="checkbox"/>		R NR

R: Reactive; I: Indeterminate; NR: Nonreactive

FINAL RAPID RESULTS

Sample Code

Results

A

Non-Reactive

B

HIV-1-Reactive

C

Non-Reactive

D

Non-Reactive

Test Interpretation Codes:

R: Reactive; I: Indeterminate; NR: Nonreactive

Signature of Technician

Date: 25/08/23

Signature of Nodal Officer

Date: 25/08/23
I/C MEDICAL OFFICER
I.C.T.C. A.H. Devarakonda,
Dist. Nalgonda - 508 248 Telangana State

