



Reverse Testing (RT)

I

To be filled by ICTC

1 Name of the State * All the fields are mandatory

2 Name of District *

3 Name of the linked SRL *

4 Email Address of the ICTC *

5 Name of the ICTC *

6 SIMS ID *

7 Reporting for the Month * Financial Year *

8 Date of **NACO CoE** Certification

9 Date of **NABL M(EL)T** Certification

10 Name of the First kit used at ICTC *

11 Name of the Second kit used at ICTC *

12 Name of the Third kit used at ICTC *

II

General Data - Filled by ICTC

1 Total No of HIV tests done in the previous quarter

2 No of HIV 1 positive cases in the previous quarter

3 No of HIV 2 positive cases in the previous quarter

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

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

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

7 No of LT/s working in the ICTC

8 LT/s supported by

III

Reverse QC Testing - Filled by ICTC

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

2 Sample submission date in the current quarter

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

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

5 Remarks by ICTC

IV

Reverse QC Testing - Filled by SRL

1 Re-testing Date

2 RT Final Result

3 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ii | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| iii | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| iv | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| v | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ii | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| iii | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| iv | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| v | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5

Remarks by SRL

6

Data entered by SRL



Please print and keep a copy in the records