

EXTERNAL QUALITY ASSESSMENT SCHEME FORMName of Proficiency Testing Provider: State Reference Laboratory (SRL)
Medical College Kolkata

Date of proficiency panel distribution: 27/09/24

Date of testing proficiency panel: 28/09/24

Date report sent:

**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.:

026/24-25/01

(Number can be found on your panel box)

Laboratory Name : vidyasagar SRIH ICTCType of Laboratory: NRL /SRL /ICTC /PPTCT /FI-ICTC /PPR-ICTC / Blood BankAddress of Laboratory (where testing is undertaken): vidyasagar SRI HospitalStreet : Behala KolkataState: W.B Postal Code: 700034 Telephone No.: _____E-mail: ictc.vidyasagar.srl@gmail.com Fax No.: _____Name of BMOH/ Superintendent/ MOIC: Bijali Majumdar 4.10-24
& Signature

External Quality Assessment Scheme for HIV Serology

EQAS Lab ID. No. 026/24-25/01

KIT DETAILS

	Kit Details		
	Test I	Test II	Test III
Type of Test (Rapid / ELISA/ Western Blot)	Rapid	Rapid	Rapid
Name of the test	Comb Aid 2.0 P3	Merriscreen HIV-1-2AB	TREPRO HIV-1-2AB
Manufacturer	Arkray Health care PVT LTD	Merril Diagnostics	Merril Diagnostics
Lot #	4000030322	MI 1223026	MI02240 42
Date of Expiry	04-05-2026	12-12-2025	15-2-2026
Principle of the test	Immunodot assay	Immunochromatography	Immuno dot assay

FINAL RESULTS

Sl. No.	Panel Sample ID	Test Results			Interpretation
		Test I	Test II	Test III	
1)	1	NR	NR	NR	Non Reactive
2)	2	R	R	R	Reactive
3)	3	NR	NR	NR	Non reactive
4)	4	R	R	R	Reactive

R : Reactive ; NR : Nonreactive; P: Positive; I : Indeterminate ; N : Negative

Remarks (if any):

Sakila Khattar
Signature of Technician
Date:

Bijali Hajum Sar
Signature of BMOH/ Superintendan
Date: 04.10.24

GENERAL INSTRUCTIONS

- Please read all instructions completely before testing.
- Fill relevant pages and record all information legibly within the appropriate spaces.
- Enter EQAS laboratory identification number in the boxes provided. Your EQAS number is present on the panel box containing proficiency panel.
- Perform the test procedure (s) in the same manner as the routine samples following NACO Strategy III.
- **Do not report for more than three tests.**
- As far as possible use the kits provided by NACO and follow all the instructions as per kit insert.
- Enter in the spaces provided the last two digits of the sample code that appears on each vial, e.g.

01

02

- Wherever differentiating kits are used, kindly specify the results as HIV-1/ HIV-2/ HIV-1+2.
- Prior to use, allow samples to reach room temperature (18-30°C).
- All samples should be treated as potentially infectious and should be handled using Universal Safety precautions.
- **Results should be sent within eight days after receiving the panel.**
- If the samples cannot be tested for any reason (eg. Unavailability of kits) store the sample at -20 °C.
- Any clarification required regarding EQAS programme, please contact the PT provider at the following address.

Address of Proficiency Testing Provider

State Reference Laboratory (SRL),
Department of Microbiology,
Medical College Kolkata,
88 College Street, Kolkata- 700073

Contact No. : 9830788874
E mail : mch.kol.srl@gmail.com

NON REPORTING CODES

CODE	REASONS FOR NOT REPORTING RESULTS
T	Test not performed in this laboratory
L	Samples lost or destroyed in laboratory
R	Test reagents not available
I	Insufficient sample volume to perform test
O	Other (please specify on results form)