VIROLOGY PROFICIENCY TEST PROGRAM

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Institution:Sample integrity:		

Date received: _____ Date submitted: _____

HIV Panel ID:

Samples	Test Method / Manufacturer	Kit Lot # and Expiry	Actual Result	Result (Positive or Negative)	Date Performed	Performed By	Comments

HBsAg Panel ID:

Samples	Test Method / Manufacturer	Kit Lot # and Expiry	Actual Result	Result (Positive or Negative)	Date Performed	Performed By	Comments

HCV	Panel ID:						
Samples	Test Method / Manufacturer	Kit Lot # and Expiry	Actual Result	Result (Positive or Negative)	Date Performed	Performed By	Comments

ТРНА	Panel ID:						
Samples	Test Method / Manufacturer	Kit Lot # and Expiry	Actual Result	Result (Positive or Negative)	Date Performed	Performed By	Comments

Institution: _____

Date Reported:	