



MRC Unit
The
Gambia



SEROLOGY REQUEST AND REPORT FORM

CONFIDENTIAL

Name / Participant ID: _____
 Age: _____
 Sex: _____
 Date: _____
 Visit type: _____

Requested Test: **HIV** **TPHA/RPR** Reason for test:

- | | | |
|----------------------|---------------------|----------------------------|
| 01=STD | 06=Routine Med. Ex. | 11=HIV Contact |
| 02=Sex Worker | 07=Suspected TB | 12=Own Request |
| 03=Clinical (Non-TB) | 08=Confirmed TB | 13=Other |
| 04=Confirmation | 09=Blood Donor | 14=Confirm Non-MRC Testing |
| 05=Follow-Up | 10=STD Contact | 15=Occupational Exposure |

If 13(=other), please specify: _____

Date of next appointment (dd/mm/yyyy) / /

Doctor's name (print): _____ Signature: _____

Sample priority Routine Urgent Sample information: Plasma Serum

Sample collected by: _____ Collection date: _____ Collection time: _____

Sample Lab No:

Received by: _____ Date received: / / Time: _____

Murex ELISA: HIV-1+2 (pos/neg) Ratio HIV-1+2 .

Hexagon: HIV-1 (pos/neg) HIV-2 (pos/neg)

Geenius: HIV-1 (pos/neg) HIV-2 (pos/neg)

TPHA (POS/NEG) RPR (POS/NEG) TITRE

This assay is in compliance with: ASSAY-SER-100, 101, 102, 103, 104

Comments: _____

Provisional HIV diagnosis:
(HIV-1+=1, HIV-2+=2, HIV-1+2+=3
Negative=5, Indeterminate=8,
Not Done=9)

Final HIV diagnosis:
(HIV-1+=1, HIV-2+=2, HIV-1+2+=3
Negative=5, Indeterminate=8,
Not Done=9)

Serology Technician/SO (Name): _____ Sign: _____ Date: ___/___/___

Supervisor (Name): _____ Sign: _____ Date: ___/___/___