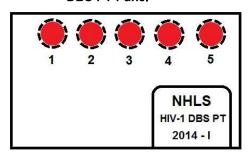
HIV-1 Proficiency Testing Program for Early Infant Diagnosis

Instructions and Process Checklist

In this PT testing event, a DBS PT Panel for each Survey is included. Please process 5 samples. With the card oriented upright, please process the DBS from the left to the right as numbered in the diagram below. Report the sample IDs as follows: 20XX-1, 20XX-2, 20XX-3, 20XX-4, and 20XX-5.

DBS PT Panel



Checklist

Please indicate with the date and your initials when Proficiency Testing materials were received. Your test kit should include:

| Initial | Date | ltem |
|---------|------|---|
| | | 2 NHLS DBS PT Panel card (5 Spots on card) |
| | | 1 NHLS Positive Quality Control Card (10 DBS) |
| | | 1 NHLS Negative Quality Control Card (10 DBS) |
| | | Instructions and Process Checklist |

Testing Instructions

| Initials | Date | Action |
|----------|------|--|
| | | Perform PT testing according to your laboratory's Standard Operating Procedure |

Result Form Instructions

| Initials | Date | Action |
|----------|------|--|
| | | Complete blank fields on the top portion of the form. |
| | | Provide your laboratory's final interpretation for each specimen in the table. (HIV-1 |
| | | Detected, HIV-1 Not-detected, Equivocal, or Invalid) |
| | | Provide CT values for all specimens including Kit and NHLS controls. |
| | | Review Result Form and check for transcription errors. Verify that all result fields are |
| | | complete. |
| | | Submit results electronically by due date online as per login details submitted or |
| | | alternatively, submit a hard copy to NHLS at seropts@nhls.ac.za. It is not necessary to |
| | | sign the electronic copy of the Report Form. |
| | | The HIV-1 EID Proficiency Testing Program Result Form must be signed by the |
| | | laboratory's director and retained in your laboratory for review by regulatory and |
| | | accrediting agencies. |