



Republic of the Philippines
 Department of Health
NATIONAL REFERENCE LABORATORY for HIV/AIDS, Hepatitis B/C & Other STIs
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Validation of rHIVda Test Result Referral Form

*This form is intended to validate all samples ending in zero (0) that are tested with rHIVda.

Name of Testing Facility :			
Address :		Telephone /Mobile No. :	
e-Mail Address :		CrCl Registration Number :	

Referring Laboratory Specimen Number	Date of Receipt of Specimen by the CrCls	Test I:			Test II:			Test III:			Final Interpretation (Positive/ Negative)	Remarks
		Lot #:			Lot #:			Lot #:				
		Exp. Date:			Exp. Date:			Exp. Date:				
		Date Kit Opened:		Date performed:	Date Kit Opened:		Date performed:	Date Kit Opened:		Date performed:		
HIV-1		HIV-2	Interpretation (R/NR)	HIV-1		HIV-2	Interpretation (R/NR)	HIV-1		HIV-2	Interpretation (R/NR)	
1												
2												
3												
4												
5												

<p>Performed by:</p> <p>_____ Date _____</p> <p>Validated by:</p> <p>_____ Date _____</p> <p style="text-align: center;">Chief/Senior Medical Technologist (Signature over printed name)</p> <p>Approved by :</p> <p>_____ Date _____</p> <p style="text-align: center;">Head of Laboratory (Signature over printed name)</p>	<p>For NRL-SACCL USE ONLY</p> <p>DATE /TIME RECEIVED:</p> <p>NAME AND SIGNATURE OF STAFF:</p> <p>REMARKS:</p>
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