



NATIONAL HEALTH LABORATORY

HIV Viral Load (VL)

Fields marked * are mandatory

Shipment Code	Scheme Type	PT Survey Code	PT Survey Date
VLDTSTesting	HIV Viral Load	TestingDTSVL2024	04-Apr-2024

Participant Name	Participant Code	Affiliation	Phone No
Contact Name	Email Address	Contact Phone Number	

Shipment Date	04-Apr-2024	Result Due Date	31-Dec-2024
Shipment Receipt Date		Sample Rehydration Date	
Testing Date		Specimen Volume	
Viral Load Assay *		Assay Expiration Date	
Assay Lot Number			

Control/Sample	Viral Load (log ₁₀ copies/ml)
sample A*	
sample B*	
sample C*	
sample D*	
sample E*	

Supervisor Review	Yes/No	Supervisor Name	
Comments			