NATIONAL HEALTH LABORATORY

HIV Viral Load (VL)

Fields marked * are mandatory

Shipment Code	Scheme Type	PT Survey Code	PT Survey Date
VLDTS2024Panel2	HIV Viral Load	2024-02-HIVViralLoadDTS	26-Nov-2024

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

Shipment Date	26-Nov-2024	**Result Due Date**	27-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)
HIVL A-2 (2/24)*	
HIVL B-2 (2/24)*	
HIVL C-2 (2/24)*	
HIVL D-2 (2/24)*	
HIVL E-2 (2/24)*	

Supervisor Review	Yes/No	**Supervisor Name**	
Comments			