



ICMR- NATIONAL AIDS RESEARCH INSTITUTE

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Proficiency Testing Scheme for CD4 Count REGISTRATION FORM



Cert. No. PC-1009

New Participant Existing Participant

Participant ID

Name Laboratory-in-charge:.....

Tel :..... E-mail: :.....

Name Laboratory Technician:.....

Tel:.....E-mail:.....

FAX:.....

Shipping Details

Institution:.....

Department:.....

Street:.....

City..... State.....

Postal code:.....

Mode of payment for the participation fees (Rs.12500/round) :

Please tick : Cheque NEFT RTGS

CD4 testing Survey: Please complete the following. Tick wherever applicable

CD4 test Monthly load:.....Name of the Instrument used:.....

Manufacturer of the antibody:.....Antibody combination: 1/2/3/4 color

Panel used with the dyes (e.g. CD3-FITC) :.....

Preparation: Lysed no wash No lyse no wash OptiLyse Guavalysse FacsLysing

Gating strategy: CD45/SSC CD3 FSC/SSC Panleucogate Other mention:.....

Platform: Single Dual

Absolute count Beads: Trucount Reference beads Volumetric Flowcount other:.....

If the Absolute counts are derived from CBC, mention machine used for CBC

Terms and Conditions: Shipment date will be informed to participants on the provided email address.

Payment in full is required one month before the scheduled month.

Cancellation if any will not be accepted after the date of shipment.

Performance report will be provided at the end of each round.

Authorization : We accept the terms & conditions to participate in the Proficiency Testing Scheme

Authorization Name:..... Signature:.....