**ICMR- National Institute of Translational Virology and AIDS Research**

**Plot No.73, ‘G’ Block, M.I.D.C, Bhosari, Pune-411026**

**Phone No. 020-27331200 Fax: 020-27121071**

**Email:** [**ptprovidernari@gmail.com**](mailto:ptprovidernari@gmail.com)

**External Quality Assessment Scheme for HIV Serology**

**REGISTRATION FORM**

**Participant ID**

New Participant Existing Participant

Shipping Address Organization:………………………………………………………………...

Department:……………………………………………………………………

Street:……………………………………………………………………….....

City:………………… ………………… State:……..……………………......

Postal Code:……………………………………………………………………

Contact Persons Name Laboratory Head:……………………………………………………….

Tel:...............................................email ID:…………………………………..

Designee Laboratory Head:……………………………………………………

Tel:...............................................email ID:…………………………………..

Payment Options By Demand Draft Through Cheque RTGS

Demand Draft No.:………………………………..Date:……………………..

Payable to “The Director, NARI Pune’ of amount: Rs……………………….

Cheque No.:………………Date:…………………Amount: Rs….………….

Terms &

Condition

* Shipment date will be informed to participants on the provided email address one month in advance.
* The total amount for two EQA rounds per year is Indian Rupees 15,000/- (Charges for one EQA round= Rs.7,500/-)
* Payment in full is required before the first shipment date.
* 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 EQAS.

Authorization Name:……………………… Signature:…………………………

**ICMR-National Institute of Translational Virology and AIDS Research**

**Plot No.73, ‘G’ Block, M.I.D.C, Bhosari, Pune-411026**

**Phone No. 020-27331200, Fax: 020-27121071,**

**Email:** [**ptprovidernari@gmail.com**](mailto:ptprovidernari@gmail.com)

**External Quality Assessment Scheme for CD4 Count**

**REGISTRATION FORM**

**Participant ID**

New Participant Existing Participant

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 Guavalyse 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 EQAS

Authorization Name:……………………… Signature:…………………………