

## Diagnostic Immunology Proficiency Test - Diagnostic Services Category Result Worksheet

<b>Alpha-1-Antitrypsin</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	76	77	78	79	80
Quantitative (mg/dl)					

<b>Antinuclear Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	46	47	48	49	50
Qualitative (Pos/Ind/Neg)					

<b>Antinuclear Ab Quantitative (IFA)</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	46	47	48	49	50
Quantitative (Titers from IFA systems only!)					
Staining Pattern (not graded)					

<b>Antistreptolysin O</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	16	17	18	19	20
Qualitative (Pos/Ind/Neg)					

<b>Antistreptolysin O Quantitative</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	16	17	18	19	20
Quantitative (Titer or IU/ml)					

<b>Complement C3</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	76	77	78	79	80
Quantitative (mg/dl)					

<b>Complement C4</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	76	77	78	79	80	
Quantitative (mg/dl)						

<b>CMV Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	11	12	13	14	15	
Qualitative (R/Ind/NR)						

<b>Hepatitis B Core Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	6	7	8	9	10	
Qualitative (Pos/Ind/Neg)						

<b>Hep. B Surface Ag Screening</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	6	7	8	9	10	
Qualitative (R/Ind/NR)						

<b>Hep. B Surface Ag Confirmation</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	6	7	8	9	10	
Qualitative (Pos/Ind/Neg)						

<b>Hepatitis Be Ag</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	66	67	68	69	70	
Qualitative (Pos/Ind/Neg)						

<b>Hepatitis C Ab Screening</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)			
Manufacturer System / Test Kit Name _____					Method _____	
Sample #	71	72	73	74	75	
Qualitative (R/Ind/NR)						

<b>Hepatitis C Ab Confirmation</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	71	72	73	74	75
Qualitative (Pos/Ind/Neg)					

<b>HTLV Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	36	37	38	39	40
Qualitative (R/Ind/NR)					

<b>Immunoglobulin A</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	81	82	83	84	85
Quantitative (mg/dl)					

<b>Immunoglobulin E</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	81	82	83	84	85
Quantitative (IU/ml)					

<b>Immunoglobulin G</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	81	82	83	84	85
Quantitative (mg/dl)					

<b>Immunoglobulin M</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	81	82	83	84	85
Quantitative (mg/dl)					

<b>Infectious Mononucleosis</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	26	27	28	29	30
Qualitative (Pos/Ind/Neg)					

<b>Lyme Disease Total Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	41	42	43	44	45
Qualitative (Pos/Ind/Neg)					

<b>Lyme Disease WB - IgG</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	41	42	43	44	45
Qualitative (Pos/Ind/Neg)					

<b>Lyme Disease WB - IgM</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	41	42	43	44	45
Qualitative (Pos/Ind/Neg)					

<b>Rheumatoid Factor</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	26	27	28	29	30
Qualitative (Pos/Ind/Neg)					

<b>Rheumatoid Factor Quantitative</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	26	27	28	29	30
Quantitative (Titer or IU/ml)					

<b>Rubella Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	11	12	13	14	15
Qualitative (Pos/Ind/Neg)					

<b>Rubella Ab Quantitative</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	11	12	13	14	15
Quantitative (IU/ml)					

<b>Rubella IgM</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	56	57	58	59	60
Qualitative (Pos/Ind/Neg)					

<b>Syphilis - Reagin</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
<b>Titering reactive samples to the endpoint is mandatory! See PT instructions and Diagnostic Immunology Standard 4 for exceptions</b>					
Sample #	1	2	3	4	5
Qualitative (R/Ind/NR)					
Quantitative (Titer)					

<b>Syphilis Treponemal Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	1	2	3	4	5
Qualitative (R/Ind/NR)					

## HIV Proficiency Test Result Worksheet

<b>HIV Ab Screening</b>	<input type="checkbox"/> Test Offered <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Test Temporarily Suspended (written explanation required)				
Manufacturer System / Test Kit Name _____					Method _____
Sample #	31	32	33	34	35
Qualitative (R/Ind/NR)					

<b>HIV-1 Ab Confirmation (IFA/WB)</b>	<input type="checkbox"/> Test Offered <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Test Temporarily Suspended (written explanation required)				
Manufacturer System / Test Kit Name _____					Method _____
Sample #	31	32	33	34	35
Qualitative (Pos/Ind/Neg)					

## Diagnostic Immunology Proficiency Test - Donor Services Category Result Worksheet

<b>CMV Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	61	62	63	64	65
Qualitative (R/Ind/NR)					

<b>Hepatitis B Core Ab</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	51	52	53	54	55
Qualitative (Pos/Ind/Neg)					

<b>Hep. B Surface Ag Screening</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	51	52	53	54	55
Qualitative (R/Ind/NR)					

<b>Hep. B Surface Ag Confirmation</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	51	52	53	54	55
Qualitative (Pos/Ind/Neg)					

<b>Hepatitis C Ab Screening</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	91	92	93	94	95
Qualitative (R/Ind/NR)					

<b>Hepatitis C Ab Confirmation</b>	___ Test Offered	___ Test Not Offered	___ Test Temporarily Suspended (written explanation required)		
Manufacturer System / Test Kit Name _____					Method _____
Sample #	91	92	93	94	95
Qualitative (Pos/Ind/Neg)					

<b>HTLV Ab</b>	___ Test Offered					___ Test Not Offered					___ Test Temporarily Suspended (written explanation required)																							
Manufacturer System / Test Kit Name _____										Method _____																								
Sample #										86					87					88					89					90				
Qualitative (R/Ind/NR)																																		

<b>Syphilis - Reagin</b>	___ Test Offered					___ Test Not Offered					___ Test Temporarily Suspended (written explanation required)																							
Manufacturer System / Test Kit Name _____										Method _____																								
<b>Titering reactive samples to the endpoint is mandatory! See PT instructions and Diagnostic Immunology Standard 4 for exceptions</b>																																		
Sample #										21					22					23					24					25				
Qualitative (R/Ind/NR)																																		
Quantitative (Titer)																																		

<b>Syphilis Treponemal Ab</b>	___ Test Offered					___ Test Not Offered					___ Test Temporarily Suspended (written explanation required)																							
Manufacturer System / Test Kit Name _____										Method _____																								
Sample #										21					22					23					24					25				
Qualitative (R/Ind/NR)																																		