

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

PLATE MAP FOR ELISA TESTING (TTI-3)



(PLEASE ATTACH PHOTOCOPY OF THERMAL PRINT IN THE RIGH UPPER HAND CORNER)

Name of the test : HIV / HBsAg / HCV

Name of the kit used	Lot No.	Expiry Date	OD of Positive Control	OD of Negative Control	E ratio	Cut off Value	Gray zone Value	Result		Total No. Tested	Test performed by(Sign.)	Verified by Supervisor (Sign.)
								Total Positive	Total Negative			

Columns Rows	1	2	4	5	6	7	8	9	10	11	12
A											
B											
C											
D											
E											
F											
G											
H											

Remarks:- (Lipaemic / any other)
 Repeat sample no.\ sample taken from bag:

