

**National STD/AIDS CONTROL PROGRAMME**

**QUARTERLY RETURN OF LABORATORY INVESTIGATIONS**

Name of the STD Clinic: \_\_\_\_\_

Period of the return : \_\_ / \_\_ / 20\_\_ to \_\_ / \_\_ / 20\_\_ ( \_\_\_ Quarter of 20\_\_ )

**Instructions:** Completed returns to be sent to Director/NSACP, c/o Microbiologist, 29, De Saram Place, Colombo 10 by post or by fax to 011 5336873 before 20<sup>th</sup> of the month following each quarter.

LABORATORY INVESTIGATIONS	NUMBER OF TESTS DONE	NUMBER POSITIVE	OTHER REMARKS
HIV EIA			
HIV PA			
HIV RAPID			
VDRL			
TPHA/ TPPA			
SYPHILIS RAPID			
SYPHILIS EIA			
G.C CULTURE			
CHLAMYDIA EIA			
HSV EIA			
HEPATITIS B S ANTIGEN			
CERVICAL CYTOLOGY			
MICROSCOPY - DRY			
- WET			
OTHERS			

Return completed by (Name & Designation) : \_\_\_\_\_

Return completed by (Name & Designation) : \_\_\_\_\_

Date of completion : \_\_ / \_\_ / 20\_\_

(Version: 2011.1.12)