BATEC
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Document Controller

Republic of the Philippines
Department of Health, Center for Health Development (CHD) IV-CALABARZON
BATANGAS MEDICAL CENTER
Batangas City
ISO 9001:2015 CERTIFIED

CERTIFIED rHIVda FACILITY
☐ HIV ANTIBODY

CONFIRMATORY REQUEST FORM

Patient Name: _____ Age: ☐☐ Sex: ☐M ☐F
(Please use comma after surname) Surname | First Name | MI

Birthdate: ☐☐ mm ☐☐ dd ☐☐☐☐ yyyy | Nationality: | Civil Status: | Occupation:

History of travel abroad within the past 12 months (Please indicate country visited) ☐NO ☐YES | Blood type/Rh:

Check specimen type: (check) ☐ Serum ☐ Plasma ☐ Blood Unit Date Blood Collected

Sample Condition prior to Transport: ☐ Serum ☐ Plasma ☐ Blood Unit Date Blood Transported

Unique Identifier Code (UIC for HIV referral only)	First 2 letters of Mother's Name	First 2 letters of Father's Name	Patient's Birth Order	Patient's Month of Birth	Patient's Year of Birth
			☐1st ☐2nd ☐Others		

For BatMC USE Only

Barcode Sticker
Date and Time / Form Received By:
Date and Time / Sample Extracted By:
OR/ Amount Paid
Patient ID:
Remarks:

(Any test format) TEST -I

Complet commercial Name of Assay:
Manufacturer:
Assay Lot #:
Model of Equipment (reader) used:

	Test run Date/s	RAPID TEST (Reactive, Nonreactive or Inconclusive)	IMMUNOASSAY Cut-off value	IMMUNOASSAY Absorbance or S/CO
Run 1				
Run 2				

(Any test format) TEST -II

Complet commercial Name of Assay:
Manufacturer:
Assay Lot #:
Model of Equipment (reader) used:

	Test run Date/s	RAPID TEST (Reactive, Nonreactive or Inconclusive)	IMMUNOASSAY Cut-off value	IMMUNOASSAY Absorbance or S/CO
Run 1				
Run 2				

INSTRUCTIONS:

1. Completely fill out BatMC Confirmatory Request Form. Disregard Test-II if only one test format (brand) was used.
2. Serum/Plasma samples should be transferred to a 2mL cryovial prior to transpo
Specimens must be **PROPERLY** labeled (ie. name & date of birth).
Minimum of 1.5 sample is required.
In case of delay, serum/plasma samples may be stored at 4°C for 7 days (-20°C for >7 days).
If stored at 4°C, ship with ice pack/cold dog. if stored at -20°C or lower, ship with d
3. Submit this form and sample to BatMC Pathology Department, Bih Rd. Kumintang Ibaba, Capitol site Batangas City.
*For HIV referrals, submit the Personal Information Sheet DOH-EB Form A together with this Confirmatory Request Form.
* ONLY HIV Confirmatory testing is FREE and results will be available after 3 (working days) for samples that meet BatMC Specimen Acceptance Criteria.

Referring Laboratory:			Medical Technologist: (Print Name)	Signature:
Address:			HIV Proficiency #: (for HIV Referrals)	Mobile #:
Tel/Mobile No.	Fax:	Email:	Pathologist / Laboratory Chief: (Print Name)	Signature: