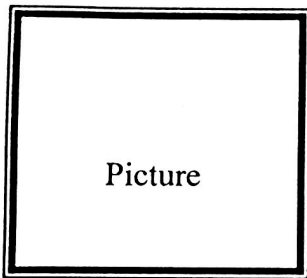


NAME OF CLINIC
Address
Contact Information
E-mail address

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING TEST CERTIFICATE

This is to certify that Mr./Ms. Juan Dela Cruz
has undergone screening test for HIV/Acquired Immunodeficiency Syndrome (AIDS), and was found to
be Non-Reactive*/Reactive* based on laboratory test (HIV-1/HIV-2).



Examining Physician
License No. _____
Date of Medical Examination _____

LABORATORY REPORT

Date: 7/10/2023

Name: Juan Dela Cruz Age: 25 Sex: M Civil Status: Single
Address: 5043 Santo1 St. Sampaloc, Manila

Human Immunodeficiency Virus Types I (HIV-I) and (HIV-2) as a screening test for HIV/AIDS:

Screening Test Used: (please check)

- ☐ RAPID
☐ Particle Agglutination
☐ EIA / CMIA / ELFA
☐ Others (specify) _____

RESULT *

NONREACTIVE ☐

REACTIVE ☐

Medical Technologist
HIV Proficiency Cert. No. _____
Expiry date _____

Pathologist _____

*A non-reactive result indicates that the tested sample does not contain detectable Human Immunodeficiency Virus (HIV) antibody. This does not preclude the possibility of recent exposure to an infection by HIV.

MFOWS-Annex I-HIVST
Revision:01
06/08/2011