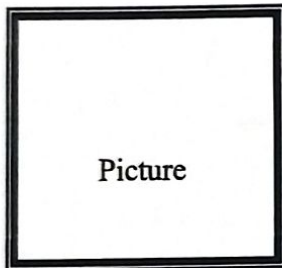


NAME OF CLINIC
Address
Contact Information
E-mail address

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING TEST CERTIFICATE

This is to certify that Mr./Ms. Celia M. Acosta
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).



Juan Dela Cruz
Examining Physician
License No. 123456 H
Date of Medical Examination 09/17/2019

LABORATORY REPORT

Date: _____

Name: Celia M. Acosta Age: 37 Sex: F Civil Status: Single
Address: 3175 - F Somewhere St., Cor Bldg, Muntinlupa City

Human Immunodeficiency Virus Types I (HIV-1) 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.