

Tester Name

Facility

Sub County

County

Tester Phone



**MINISTRY OF HEALTH
NATIONAL PUBLIC HEALTH LABORATORIES
KENYA EXTERNAL QUALITY ASSESSMENT SCHEME(KNEQAS)**

(P.O.Box 20750 - 00202 NAIROBI Email: nphlpt@nphl.go.ke HelpDesk : www.helpdesk.nphl.go.ke)

ROUND 21**PROGRAM -****Tester ID**

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Part A: INSTRUCTIONS

- A.** Use a **BLACK biro pen / ball point pen ONLY** for filling the forms. **DO NOT** use a **PENCIL**.
B. Write all **LETTERS** in **CAPITAL** and avoid contact with the edge of the box.
C. Write only **ONE** letter or one number per box.
D. To make any corrections in **BOXES**, draw a line cross through the incorrect response (**ERROR**) & write the correct response above it.
E. To make any corrections in **CIRCLES**, draw a cross (**X**) through the incorrect response & circle the correct one (See Example 2 below).

Example 1.

Wrong

C	
B	
E	
H	E
2	
S	
q	
SHE	

Correct

C	
B	
E	
H	E
0	0
2	
3	
Q	
S	H
E	

Do's

1. Write within boxes or shade inside the circles.
2. Use **BLACK** ink/pen **ONLY**.
3. Use straight /smooth strokes.
4. For letters start writing from left to right.
5. For numbers, fill the empty boxes on the left with zeros

Don't's

1. Do not use flowery or slanted handwriting.
2. Do not use lower case letters or small letters.
3. Do not join handwriting across boxes.

- F.** Do NOT Rubber Stamp OR Fold this form even when returning your results.
G. Space out Names by leaving one empty box after Surname, Firstname AND Othernames.
H. Do Not make any marks outside the BOXES or CIRCLES except for corrections and signatures.
I. DO NOT refer PT specimen to a second service provider in case of **POSITIVE** or **INCONCLUSIVE** results.
J. Reconstitute Overnight by adding 8 drops of PT buffer to each sample and test the following day.

Example 2:

	Correct		Wrong		Why wrong
1	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	Missing data, NONE of the circles is shaded
2	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Correct response NOT indicated
3	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	Faint shading/ NOT clear

Part B: SAFETY INFORMATION

1. Process PT Samples as you would a patient sample following the National Algorithm as per HTS DTS Job aids.
2. Treat and Dispose remnant sample specimen as potentially infectious & follow biosafety guidelines on waste disposal.
3. Use PPE when processing the PT samples.

Part C: CUSTOMER SURVEY & COMMENTS

Customer satisfaction survey (shade to select a choice)

1. Did you receive your panel on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was your panel complete? (6 samples, PT buffer & a pipette)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.a) Did you submit your PT results using the online PT system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If NOT <input type="radio"/> Do not know about it <input type="radio"/> Do not know how to use it <input type="radio"/> Have no access to internet		

(Any comments that will help clarify any information)

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Part D Section A : Important Information

1. Submit your Results Online to NPHL through the procedure described below in (Part D Section B) or Return the Original Results form to NPHL through your Sub County Medical Lab Coordinator within 14 days of receiving this panel.
2. You will be NOTIFIED via SMS once your feedback report is ready. (Go to www.rhtpt.or.ke...Proficiency Testing...Results to download it)
3. For assistance contact us through our PT HelpDesk(www.rhtpt.or.ke..Click on PT helpdesk.) or call 0722934622/ 0720203712/0721825737.
4. Do NOT return the photocopy of this form. Ensure that you return the ORIGINAL form to NPHL.

Part D. Section B :Online Submission Of results

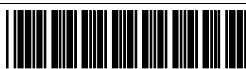
1. Go to www.rhtpt.or.ke..
2. Enter your user name (Tester ID) and password" to login to your PT account.
3. Click "Proficiency Testing"...Results".Click "Enter Results" to submit your results.
4. If you have forgotten your password Click on the "Lost Password" link to reset it.



Form #

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1444123694



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Tester ID

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Part E: RESULTS

Date PT Panel Received: (DD/MM/YYYY)		Date PT Panel Reconstituted: (DD/MM/YYYY)		Date PT Panel Tested: (DD/MM/YYYY)																															
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KIT Name	Test 1 <input type="radio"/> Determine <input type="radio"/> SD Bioline Duo Kit <input type="radio"/> First Response <input type="radio"/> Other; _____				Test 2 <input type="radio"/> Determine <input type="radio"/> SD Bioline Duo Kit <input type="radio"/> First Response <input type="radio"/> Other; _____																														
	KIT Lot No.				KIT Lot No.																														
	Expiry Date				Expiry Date																														
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PT Panel ID	Test 1 Results				Test 2 Results				Final Results																										
KNEQAS HIVSER-21-S1	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										
KNEQAS HIVSER-21-S2	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										
KNEQAS HIVSER-21-S3	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										
KNEQAS HIVSER-21-S4	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										
KNEQAS HIVSER-21-S5	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										
KNEQAS HIVSER-21-S6	<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Reactive <input type="radio"/> Invalid <input type="radio"/> Non_reactive <input type="radio"/> Not_done				<input type="radio"/> Negative <input type="radio"/> Not done <input type="radio"/> Positive <input type="radio"/> Inconclusive																										

Testers Signature: _____

Date:

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 (DD/MM/YYYY)

Site Incharge Signature: _____

Date:

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 (DD/MM/YYYY)**Part F: TESTER DETAILS** ☐ New Tester ☐ Update Personal Info

(Fill in details below if you are testing on behalf of Someone else OR if you are updating your personal information)
 (IF You are testing on behalf of someone DO NOT SUBMIT your results online.)

Surname																				First Name										Other names									
Mobile Number										Program										Facility Mfl Code																			
Tester Designation :										Facility Mfl Code																													
Facility Name																																							
Tester Email																																							
Site In-charge Email:																																							

Indicate reason(s) for addressee's failure to perform the test

a) Transferred to (Facility Name)	County																			
b) If NOT																				
<input type="radio"/> Resigned <input type="radio"/> On Leave <input type="radio"/> Diseased Other (Specify):																				

Form #

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