



INTERPRETATION GUIDELINES

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Human Immunodeficiency virus Types 1 and 2 (HIV-1 & HIV-2) by EIA - This kit is an enzyme immunoassay utilizing recombinant proteins and synthetic peptides for the detection of antibodies to HIV-1 and/or HIV-2 in human serum and plasma specimens. As recommended by the manufacturer, all samples which initially test positive are re-tested in duplicate. This assay is a screening test to aid in the diagnosis of HIV infection. Therefore, additional supplemental tests for antibodies, such as the Western blot, should be performed to verify the presence of antibodies to HIV-1 or HIV-2.

Report Key - The presence or absence of HIV antibody is determined by relating the absorbance value of the specimen to the cut-off value derived during testing.

Absorbance value relative to the cut-off	Interpretation
Absorbance less than the cut-off	Negative result. The specimen may be considered negative for HIV-1 and HIV-2 antibodies. Further testing is not required.
Absorbance greater than or equal to the cut-off	Positive result. The specimen may be considered positive for HIV-1 and/or HIV-2 antibodies. Supplemental testing is required to differentiate between the antibodies present.

Human Immunodeficiency virus Type 1 (HIV-1) by Western blot - This kit is an in vitro qualitative assay for the detection and identification of antibodies to HIV-1 in human serum and plasma specimens. It is intended for use as an additional more specific test for specimens found to be positive during screening procedures or rapid HIV tests.

Report Key - The presence or absence of HIV antibody is determined by relating the presence and intensity of bands on patient specimen strips to those present on HIV-1 High and Low Positive Control strips.

Banding Pattern	Interpretation
No bands are present	Negative result.
One or more bands present but the blot does not meet the criteria for a POSITIVE result as described below	Equivocal result. Persons with an equivocal result should be retested using a fresh specimen after six months.
At least TWO of the major bands: gp160 and/or gp120, gp41, or p24 must be present. Bands must be at least as intense as the Low Positive Control gp120 band to be considered positive.	Positive result. The specimen may be presumed positive for antibodies to HIV-1. Individuals with a positive test should be referred for medical evaluation which may include additional testing. A diagnosis of Acquired Immunodeficiency Syndrome or AIDS can only be made on clinical grounds if an individual meets the case definition of AIDS established by the Centers for Disease Control.