
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

072 HEMATOLOGY CELL IDENTIFICATION

Locate your identification in the Master List for GENERAL Transparencies and enter in the appropriate boxes the code. The list includes all identification that will be required. There is no provision to enter "Other, specify".

TRANSPARENCIES NO.	MASTER LIST TRANSPARENCIES CODE
2026-501	_____
2026-502	_____
2026-503	_____
2026-504	_____
2026-505	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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172 DIFF-AT.5

PRO	WBC	S/I	2026521x	2026522x	2026523x	2026524x	2026525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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#:
SUB: 070 GENERAL Lab:
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PRO	WBC	S/I	2026521Y	2026522Y	2026523Y	2026524Y	2026525Y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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TEST	PRO	M/S	2026-521	2026-522	2026-523	2026-524	2026-525	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

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Date: _____

TEST	PRO	M/S	2026-521	2026-522	2026-523	2026-524	2026-525	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____
DIRECTOR'S SIGNATURE: _____

6/8/2026
LLENVIOE
LLENVIOA

PROFICIENCY TESTING SERVICE
LABORATORY SERVICES PROGRAM
DEPARTMENT OF HEALTH OF PUERTO RICO

PAGE : 7 (18)
DATE : 6/8/2026
TIME : 08:07:19

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
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TEST	M/S	2026-531	2026-532	2026-533	2026-534	2026-535	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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Receiving Date: _____ ,

TEST	M/S	2026-541	2026-542	2026-543	2026-544	2026-545
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
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Receiving Date: _____ ,

TEST	M/S	REA	2026-551	2026-552	2026-553	2026-554	2026-555	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
Shipping Date: 06-08-2026
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TEST	M/S	REA	2026-556	2026-557	2026-558	2026-559	2026-560	
380 NR FIBRINO	___	___	_____	_____	_____	_____	_____	MG/DL
381 NR PTT	___	___	_____	_____	_____	_____	_____	secs
382 Non Rou PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2026-526	2026-527	2026-528	2026-529	2026-530	
556 NR RBC NEW	___	___	___	___	___	___	___	MILLION/UL
557 NR HCT-NEW	___	___	___	___	___	___	___	MILLION/UL
558 NR WBC	___	___	___	___	___	___	___	THOUSAND/UL
560 NR HEMOGLO	___	___	___	___	___	___	___	G/DL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-08-2026
Report Date: 06-2+6-2026
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2026-526	2026-527	2026-528	2026-529	2026-530	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

TEST	2026-561	2026-562	2026-563	2026-564	2026-565	
159 BF RBC	_____	_____	_____	_____	_____	RBC/UL
160 BF WBC	_____	_____	_____	_____	_____	WBC/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 080 ABO-RH Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

150 ABO GROUP AND RH (D) TYPE

BLOOD TYPING: Performed ABO grouping and Rh typing, in case of a negative Rh please performe Du. Centrifuge the sample to obtain plasma for the reverse grouping.

SAMPLE No.	DIRECT GROUP			REVERSE GROUP				TYPE - Rh		RESULT CODE	
	ANTI A	ANTI B	ANTI AB	CEL A1	CEL A2	CEL B	CEL O	ANTI D	Du Du	ABO	Rh
2026-571	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-572	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-573	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-574	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-575	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____

RESULTS CODE:

ABO: 01. A 02. A1 03. A2 04. B 05. AB 06. A1B 07. A2B 08. O 999. NOT P.
Rh: 01. Rh+ 02. Rh+ Du variant 03. Rh- Du not performed 04 Rh- 999. NOT P.

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

084 UNEXPECTED ANTIBODY DETECTION-IND.COOMBS

INDIRECT COOMBS: Please report in the appropriate site, using the strength of reaction from 0 - 4+

SAMPLE No.	TEMPERATURE	SALINE	ALBUMIN	COOMBS	OTHER	RESULTS CODE
2026-581	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-582	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-583	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-584	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-585	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____

B - RESULTS CODE: 01 - NEGATIVE 02 - POSITIVE

C - PLEASE SPECIFY REAGENTS USED: _____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2026-291	_____
2026-292	_____
2026-293	_____
2026-294	_____
2026-295	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

085 COMPATIBILITY TESTING

Please performed antibodies screening, auto control and Mayor Side Cross-matching. If your lab. performs antibodies indentification, pelase identify it or them.

CROSSMATCHING (Major side)	SALINE 20-25C	ALBUMIN 20-25C	ALBUMIN 37C	COOMBS	OTHER	INTERPRETATION Result Code
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CROSSMATCHING # 2026-591	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-592	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-593	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-594	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-595	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING INTERPRETATION CODE:
01 - COMPATIBLE 02 - INCOMPATIBLE 99 - TEST NOT PERFORMED

DATE: _____ SIGNATURES: _____
DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 06-08-2026
Report Date: 06-26-2026
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2026-591		
2026-592		
2026-593		
2026-594		
2026-595		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____