

11/27/2024

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

PAGE : 1 (21)
DATE :
11/27/2024
TIME : 11:48:44

SP: 40 IMMUNOLOGY

Lic. No.:

CLIA #:

SUB: 120 GENERAL

Lab:

Shipping Date: 12-02-2024

Report Date: 12-20-2024

Receiving Date: _____ ,

TEST	MET	2024A111	2024A112	2024A113	2024A114	2024A115	
094 C3	_____	_____	_____	_____	_____	_____	MG/DL
095 C4	_____	_____	_____	_____	_____	_____	MG/DL
099 IgA	_____	_____	_____	_____	_____	_____	MG/DL
100 IgG	_____	_____	_____	_____	_____	_____	MG/DL
102 IgM	_____	_____	_____	_____	_____	_____	MG/DL

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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TEST	MET	2024A121	2024A122	2024A123	2024A124	2024A125	
088 ALPHA-FETO	_____	_____	_____	_____	_____	_____	ng/ml
101 IgE	_____	_____	_____	_____	_____	_____	IU/ml

DATE: _____

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TEST	MET	2024A091	2024A092	2024A093	2024A094	2024A095
089 ANA-QUALI.	_____	_____	_____	_____	_____	_____
090 ANA-PATTER	_____	_____	_____	_____	_____	_____
124 ANA-QUANT.	_____	_____	_____	_____	_____	_____

DATE: _____

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TEST	MET	2024A101	2024A102	2024A103	2024A104	2024A105
091 ASOT-QUALI	_____	_____	_____	_____	_____	_____
092 ASOT SEMIQ	_____	_____	_____	_____	_____	_____
103 MONO QUAL	_____	_____	_____	_____	_____	_____
104 MONO QUANT	_____	_____	_____	_____	_____	_____
105 RF(RA)-QUA	_____	_____	_____	_____	_____	_____
106 RA-SEMIQNT	_____	_____	_____	_____	_____	_____
144 CRP-QUALI.	_____	_____	_____	_____	_____	_____
145 CRP- QUANT	_____	_____	_____	_____	_____	_____
168 RA-QUANTI	_____	_____	_____	_____	_____	_____

MG/DL

DATE: _____

SIGNATURES: _____

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Receiving Date: _____ ,

TEST	MET	2024A131	2024A132	2024A133	2024A134	2024A135
155 H. PYLORI	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

01 - NEGATIVE OR NON REACTIVE

02 - POSITIVE OR REACTIVE

DATE: _____

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TEST	MET	2024-991	2024-992	2024-993	2024-994	2024-995
093 HIV	_____	_____	_____	_____	_____	_____
096 HBsAG	_____	_____	_____	_____	_____	_____
097 antiHBC	_____	_____	_____	_____	_____	_____
171 HCV Hep C	_____	_____	_____	_____	_____	_____
181 HAV Total	_____	_____	_____	_____	_____	_____
182 HBsAb	_____	_____	_____	_____	_____	_____
183 HAV IgM	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

01 - NEGATIVE OR NON REACTIVE

02 - POSITIVE OR REACTIVE

DATE: _____

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Receiving Date: _____ ,

TEST	MET	2024A081	2024A082	2024A083	2024A084	2024A085
107 RUBELLA-QL	_____	_____	_____	_____	_____	_____

DATE: _____

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Receiving Date: _____ ,

TEST	MET	UNI	2024A081	2024A082	2024A083	2024A084	2024A085
108 RUBELLA-QT	_____	_____	_____	_____	_____	_____	_____

DATE: _____

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Lab:

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TEST	MET	2024A901	2024A902	2024A903	2024A904	2024A905
548 MYCOPLASMA	_____	_____	_____	_____	_____	_____

DATE: _____

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CLIA #:

SUB: 120 GENERAL

Lab:

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554 COVID-19 ANTIBODY IgM e IgG

SAMPLE No.

R E S U L T C O D E

2024A051

2024A052

2024A053

2024A054

2024A055

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLLENVIOE
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SP: 40 IMMUNOLOGY

Lic. No.:

CLIA #:

SUB: 130 SYPHILIS SEROLOGY

Lab:

Shipping Date: 12-02-2024

Report Date: 12-20-2024

Receiving Date: _____ ,

TEST MET REA 2024A071 2024A072 2024A073 2024A074 2024A075

109 SY.SERO-QL _____

REAGENT LOT# _____

RESULTS CODE

METHOD CODE:

QUALITATIVE

01- VDRL

01- NR

02- RPR

02- WR

03- RST

03- R Non
RPR

04- MHA-TP

04- R RPR
Met

05- FTA-ABS

06- EIA

07- TPPA

997- OTHER, SPECIFY

110 SY.SERO-QT _____

REAGENT LOT# _____

RESULTS CODE

METHOD CODE:

QUANTITATIVE

01- VDRL

01- NR

09- R- 64 DILS.

02- RPR

02- WR- 0
DIL.

10- R- > 64 DILS.

03- RST

03- R- 1 DIL.

04- MHA-TP

04- R- 2 DILS.

05- FTA-ABS

05- R- 4 DILS.

06- EIA

06- R- 8 DILS.

07- TPPA

07- R- 16 DILS.

997- OTHER, SPECIFY

08- R- 32 DILS.

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLLENVIOE
LLENVIOA

SP: 50 MICROBIOLOGY

Lic. No.:

CLIA #:

SUB: 140 BACTERIOLOGY

Lab:

Shipping Date: 12-02-2024

Report Date: 12-20-2024

Receiving Date: _____ ,

111 BACTERIOLOGY GRAM STAIN

SAMPLE No.

R E S U L T C O D E

2024A001

2024A002

2024A003

2024A004

2024A005

RESULTS CODE:

01 - GRAM NEGATIVE

02 - GRAM POSITIVE

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLENVIOE
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SP: 50 MICROBIOLOGY

Lic. No.:

CLIA #:

SUB: 140 BACTERIOLOGY

Lab:

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TEST

2024A011 2024A012 2024A013 2024A014 2024A015

147 STREP DIRE

RESULT CODES DESCRIPTION:

01 - NEGATIVE OR NON REACTIVE

02 - POSITIVE OR REACTIVE

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SP: 50 MICROBIOLOGY Lic. No.: CLIA #:

SUB: 140 BACTERIOLOGY Lab:

Shipping Date: 12-02-2024

Report Date: 12-20-2024

Receiving Date: _____ ,

112 BACTERIOLOGY - IDENTIFICATION

SAMPLE No.	CULTURE TYPE	ID./METHOD CODE	BACTERIA ID. CODE	DESCRIPTION
2024A021	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A022	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A023	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A024	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A025	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

CULTURE TYPE (CUT) CODE: 01 - AEROBIC 02 - ANAEROBIC

DATE: _____

SIGNATURES: _____

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SP: 50 MICROBIOLOGY Lic. No.: CLIA #:
SUB: 140 BACTERIOLOGY Lab:
Shipping Date: 12-02-2024
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Receiving Date: _____ ,

113 BACTERIOLOGY-ANTIMICROBIAL SUSCEPTIBILI.

PLEASE INCLUDED ANTIMICROBIAL, SUSCEPTIBILITY METHOD CODE _____

SAMPLE No. 2024A024

ANTIMICROBIAL AGENT CODE	INTERPRETATION	INHIBITORY ZONE DIAM. (MM) - WHOLE NUMBER ONLY	MIC RANGE (MCG/ML)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTERPRETATION CODE:
01 - SUSCEPTIBLE 02 - INTERMEDIATE 03 - MODERATELY SUSCEPTIBLE 04 - RESITANT

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLLENVIOE
LLLENVIOA

SP: 50 MICROBIOLOGY Lic. No.: CLIA #:
SUB: 140 BACTERIOLOGY Lab:
Shipping Date: 12-02-2024
Report Date: 12-20-2024
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113 BACTERIOLOGY-ANTIMICROBIAL SUSCEPTIBILI.

PLEASE INCLUDED ANTIMICROBIAL, SUSCEPTIBILITY METHOD CODE _____

SAMPLE No. 2024A025

ANTIMICROBIAL AGENT CODE	INTERPRETATION	INHIBITORY ZONE DIAM. (MM) - WHOLE NUMBER ONLY	MIC RANGE (MCG/ML)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTERPRETATION CODE:
01 - SUSCEPTIBLE 02 - INTERMEDIATE 03 - MODERATELY SUSCEPTIBLE 04 - RESITANT

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 50 MICROBIOLOGY Lic. No.: CLIA #:

SUB: 170 PARASITOLOGY Lab:

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120 IDENTIFICATION OF PARASITES

SAMPLE No.	PARASITE CODE	DESCRIPTION	STAGE	FREQUENCY
2024A061	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A062	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A063	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A064	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024A065	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

DATE: _____

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121 PRESENCE OR ABSENCE OF PARASITES

SAMPLE No.

R E S U L T C O D E

2024A061

2024A062

2024A063

2024A064

2024A065

DATE: _____

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Lic. No.:

CLIA #:

SUB: 180 Virology

Lab:

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176 INFLUENZA A&B QUALITATIVE RAPID TEST

SAMPLE No.

R E S U L T C O D E

2024A031

2024A032

2024A033

2024A034

2024A035

DATE: _____

SIGNATURES: _____

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Lic. No.:

CLIA #:

SUB: 180 Virology

Lab:

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TEST	REA	2024A031	2024A032	2024A033	2024A034	2024A035
555 RSV Virus	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

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TEST	MET	2024A031	2024A032	2024A033	2024A034	2024A035
561 COV19ANT	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____