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



SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

072 HEMATOLOGY CELL IDENTIFICATION

Locate your identification in the Master List for GENERAL Transparencies and enter in the appropiate 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 |
|---|---|
| 2025-501 | _____ |
| 2025-502 | _____ |
| 2025-503 | _____ |
| 2025-504 | _____ |
| 2025-505 | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

172 DIFF-AT.5

| PRO | WBC | S/I | 2025521x | 2025522x | 2025523x | 2025524x | 2025525x |
|---|---|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

472 Non Routine: DIFF. WHITE BLOOD CELL FOR 5 PARAM. INST

| SAMPLE No. | R E S U L T C O D E |
|---|---|
| 2025-526 | _____ |
| 2025-527 | _____ |
| 2025-528 | _____ |
| 2025-529 | _____ |
| 2025-530 | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

185 Diff 6 Parameter Instruments Test

| PRO | WBC | S/I | 2025521y | 2025522y | 2025523y | 2025524y | 2025525y |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

PROFICIENCY TESTING SERVICE
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DEPARTMENT OF HEALTH OF PUERTO RICO



SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

186 DIFF 3 PARAMETER INSTRUMENT TEST

| PRO | WBC | S/I | 2025521z | 2025522z | 2025523z | 2025524z | 2025525z |
|---|---|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

546 NR DIFF 3 PARAMETER INSTRUMENT

| SAMPLE No. | R E S U L T C O D E | |
|---|---|---|
| 2025-526 | _____ | % |
| 2025-527 | _____ | % |
| 2025-528 | _____ | % |
| 2025-529 | _____ | % |
| 2025-530 | _____ | % |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | PRO | M/S | 2025-521 | 2025-522 | 2025-523 | 2025-524 | 2025-525 | |
|---|---|---|---|---|---|---|---|---|
| 549 RBC | ____ | ____ | _____ | _____ | _____ | _____ | _____ | MILLION/UL |
| 550 HCT | ____ | ____ | _____ | _____ | _____ | _____ | _____ | |
| 551 HEMOGLOBIN | ____ | ____ | _____ | _____ | _____ | _____ | _____ | G/DL |
| 552 WBC | ____ | ____ | _____ | _____ | _____ | _____ | _____ | THOUSAND/UL |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | PRO | M/S | 2025-521 | 2025-522 | 2025-523 | 2025-524 | 2025-525 | |
|---|---|---|---|---|---|---|---|---|
| 553 PLATELET | ____ | ____ | _____ | _____ | _____ | _____ | _____ | THOUSAND/UL |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | M/S | 2025-531 | 2025-532 | 2025-533 | 2025-534 | 2025-535 | |
|---|---|---|---|---|---|---|---|
| 149 RETICULOC. | ____ | _____ | _____ | _____ | _____ | _____ | % |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | M/S | 2025-541 | 2025-542 | 2025-543 | 2025-544 | 2025-545 |
|---|---|---|---|---|---|---|
| 153 SED. RATE | ____ | _____ | _____ | _____ | _____ | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

PROFICIENCY TESTING SERVICE
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DEPARTMENT OF HEALTH OF PUERTO RICO



SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | M/S | REA | 2025-551 | 2025-552 | 2025-553 | 2025-554 | 2025-555 | |
|---|---|---|---|---|---|---|---|---|
| 080 FIBRINOGEN | ____ | ____ | _____ | _____ | _____ | _____ | _____ | MG/DL |
| 081 PTT | ____ | ____ | _____ | _____ | _____ | _____ | _____ | secs |
| 082 PT | ____ | ____ | _____ | _____ | _____ | _____ | _____ | |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

PROFICIENCY TESTING SERVICE
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SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | M/S | REA | 2025-556 | 2025-557 | 2025-558 | 2025-559 | 2025-560 | |
|---|---|---|---|---|---|---|---|---|
| 380 NR FIBRINO | ____ | ____ | _____ | _____ | _____ | _____ | _____ | MG/DL |
| 381 NR PTT | ____ | ____ | _____ | _____ | _____ | _____ | _____ | secs |
| 382 Non Rou PT | ____ | ____ | _____ | _____ | _____ | _____ | _____ | |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 070 GENERAL Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | PRO | M/S | 2025-526 | 2025-527 | 2025-528 | 2025-529 | 2025-530 | |
|---|---|---|---|---|---|---|---|---|
| 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: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | PRO | M/S | 2025-526 | 2025-527 | 2025-528 | 2025-529 | 2025-530 | |
|---|---|---|---|---|---|---|---|---|
| 559 NR PLAT NW | ____ | ____ | _____ | _____ | _____ | _____ | _____ | THOUSAND/UL |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 075 BODY FLUID Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

| TEST | 2025-561 | 2025-562 | 2025-563 | 2025-564 | 2025-565 | |
|---|---|---|---|---|---|---|
| 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: 07-07-2025

Report Date: 07-29-2025

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 |
| 2025-571 | + | + | + | + | + | + | + | + | + | _____ | _____ |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2025-572 | + | + | + | + | + | + | + | + | + | _____ | _____ |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2025-573 | + | + | + | + | + | + | + | + | + | _____ | _____ |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2025-574 | + | + | + | + | + | + | + | + | + | _____ | _____ |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2025-575 | + | + | + | + | + | + | + | + | + | _____ | _____ |
| | 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: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

084 UNEXPECTED ANTIBODY DETECTION-IND.COOMBS

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

| SAMPLE No. | TEMPERATURE | SALINE | ALBUMIN | COOMBS | OTHER | RESULTS CODE |
|---|---|---|---|---|---|---|
| 2025-581 | 1. 4 GRADE C | | | | | |
| | 2. 20 GRADE C | | | | | |
| | 3. 37 GRADE C | | | | | |
| 2025-582 | 1. 4 GRADE C | | | | | |
| | 2. 20 GRADE C | | | | | |
| | 3. 37 GRADE C | | | | | |
| 2025-583 | 1. 4 GRADE C | | | | | |
| | 2. 20 GRADE C | | | | | |
| | 3. 37 GRADE C | | | | | |
| 2025-584 | 1. 4 GRADE C | | | | | |
| | 2. 20 GRADE C | | | | | |
| | 3. 37 GRADE C | | | | | |
| 2025-585 | 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: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

| SAMPLE No. | R E S U L T C O D E |
|---|---|
| 2025-291 | _____ |
| 2025-292 | _____ |
| 2025-293 | _____ |
| 2025-294 | _____ |
| 2025-295 | _____ |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:

SUB: 100 COMPATIBILITY TESTING Lab:

Shipping Date: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

085 COMPATIBILITY TESTING

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

| CROSSMATCHING (Major side) | SALINE 20-25C | ALBUMIN 20-25C | ALBUMIN 37C | COOMBS | OTHER | INTERPRETATION Result Code |
|---|---|---|---|---|---|---|
| CROSSMATCHING # 2025-591 | _____ | _____ | _____ | _____ | _____ | _____ |
| PATIENT PLASMA<br>A-DONOR CELLS | | | | | | |
| CROSSMATCHING # 2025-592 | _____ | _____ | _____ | _____ | _____ | _____ |
| PATIENT PLASMA<br>A-DONOR CELLS | | | | | | |
| CROSSMATCHING # 2025-593 | _____ | _____ | _____ | _____ | _____ | _____ |
| PATIENT PLASMA<br>A-DONOR CELLS | | | | | | |
| CROSSMATCHING # 2025-594 | _____ | _____ | _____ | _____ | _____ | _____ |
| PATIENT PLASMA<br>A-DONOR CELLS | | | | | | |
| CROSSMATCHING # 2025-595 | _____ | _____ | _____ | _____ | _____ | _____ |
| PATIENT PLASMA<br>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: 07-07-2025

Report Date: 07-29-2025

Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

| PATIENT PLASMA No. | CODE | DESCRIPTION |
|---|---|---|
| 2025-591 | | |
| 2025-592 | | |
| 2025-593 | | |
| 2025-594 | | |
| 2025-595 | | |

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

_____