

11/12/2024

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

PAGE : 1 (19)
DATE :
11/12/2024
TIME : 11:35:52

LLLENVIOE
LLLENVIOA

SP: 20 HEMATOLOGY

Lic. No.:

CLIA #:

SUB: 070 GENERAL

Lab:

Shipping Date: 11-04-2024

Report Date: 11-22-2024

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

2024-891

2024-892

2024-893

2024-894

2024-895

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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372 Non Routine: HEMATOLOGY CELL IDENTIFICATION

SAMPLE No.

R E S U L T C O D E

2024-896

2024-897

2024-898

2024-899

2024-900

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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172 DIFF-AT.5

PRO	WBC	S/I	2024911X	2024912X	2024913X	2024914X	2024915X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

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185 Diff 6 Parameter Instruments Test

SAMPLE No.

R E S U L T C O D E

2024911Y

2024912Y

2024913Y

2024914Y

2024915Y

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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186 DIFF 3 PARAMETER INSTRUMENT TEST

SAMPLE No.

R E S U L T C O D E

2024911Z

2024912Z

2024913Z

2024914Z

2024915Z

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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Lic. No.:

CLIA #:

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546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.

R E S U L T C O D E

2024916Z

%

2024917Z

%

2024918Z

%

2024919Z

%

2024920Z

%

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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Lab:

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TEST	PRO	M/S	2024-911	2024-912	2024-913	2024-914	2024-915	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/ UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND /UL

DATE: _____

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Receiving Date: _____ ,

TEST	PRO	M/S	2024-911	2024-912	2024-913	2024-914	2024-915
553 PLATELET	_____	_____	_____	_____	_____	_____	_____

THOUSAND
/UL

DATE: _____

SIGNATURES: _____

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Shipping Date: 11-04-2024

Report Date: 11-22-2024

Receiving Date: _____ ,

TEST	M/S	2024-921	2024-922	2024-923	2024-924	2024-925
149 RETICULOC.	_____	_____	_____	_____	_____	_____ %

DATE: _____

SIGNATURES: _____

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Lab:

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Report Date: 11-22-2024

Receiving Date: _____ ,

TEST	M/S	2024-931	2024-932	2024-933	2024-934	2024-935
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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Lab:

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TEST	M/S	REA	2024-941	2024-942	2024-943	2024-944	2024-945	
080 FIBRINOGEN	___	___	___	___	___	___	___	MG/DL
081 PTT	___	___	___	___	___	___	___	secs
082 PT	___	___	___	___	___	___	___	

DATE: _____

SIGNATURES: _____

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SP: 20 HEMATOLOGY

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SUB: 070 GENERAL

Lab:

Shipping Date: 11-04-2024

Report Date: 11-22-2024

Receiving Date: _____ ,

TEST	M/S	REA	2024-946	2024-947	2024-948	2024-949	2024-950	
380 NR FIBRINO	___	___	___	___	___	___	___	MG/DL
381 NR PTT	___	___	___	___	___	___	___	secs
382 Non Rou PT	___	___	___	___	___	___	___	

DATE: _____

SIGNATURES: _____

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Lic. No.:

CLIA #:

SUB: 070 GENERAL

Lab:

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TEST	PRO	M/S	2024-916	2024-917	2024-918	2024-919	2024-920	
556 NR RBC NEW	___	___	___	___	___	___	___	MILLION/ UL
557 NR HCT-NEW	___	___	___	___	___	___	___	MILLION/ UL
558 NR WBC	___	___	___	___	___	___	___	THOUSAND /UL
560 NR HEMOGLO	___	___	___	___	___	___	___	G/DL

DATE: _____

SIGNATURES: _____

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LLENVIOE
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SP: 20 HEMATOLOGY

Lic. No.:

CLIA #:

SUB: 075 BODY FLUID

Lab:

Shipping Date: 11-04-2024

Report Date: 11-22-2024

Receiving Date: _____ ,

TEST

2024-951 2024-952 2024-953 2024-954 2024-955

159 BF RBC

_____ RBC/UL

160 BF WBC

_____ WBC/UL

DATE: _____

SIGNATURES: _____

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LLLENVIOE
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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 080 ABO-RH Lab:
Shipping Date: 11-04-2024
Report Date: 11-22-2024
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
2024-961	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-962	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-963	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-964	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-965	+ 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: _____

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SP: 30 IMMUNOHEMATOLOGY

Lic. No.:

CLIA #:

SUB: 090 COOMBS

Lab:

Shipping Date: 11-04-2024

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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
2024-971	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-972	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-973	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-974	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-975	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: _____

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SP: 30 IMMUNOHEMATOLOGY

Lic. No.:

CLIA #:

SUB: 090 COOMBS

Lab:

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179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.

R E S U L T C O D E

2024-651

2024-652

2024-653

2024-654

2024-655

DATE: _____

SIGNATURES: _____

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

SUB: 100 COMPATIBILITY TESTING Lab:

Shipping Date: 11-04-2024

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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
-------------------------------	------------------	-------------------	----------------	--------	-------	-------------------------------

CROSSMATCHING # 2024-981 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-982 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-983 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-984 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-985 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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

SUB: 110 ANTIBODY IDENTIFICATION Lab:

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ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2024-981		
2024-982		
2024-983		
2024-984		
2024-985		

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____