
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
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
2023-501	_____
2023-502	_____
2023-503	_____
2023-504	_____
2023-505	_____

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

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

172 DIFF-AT.5

PRO	WBC	S/I	2023521x	2023522x	2023523x	2023524x	2023525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
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
2023-526	_____
2023-527	_____
2023-528	_____
2023-529	_____
2023-530	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. CLI
No.: #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2023521y	2023522y	2023523y	2023524y	2023525y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. CLIA
No.: #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	2023521z	2023522z	2023523z	2023524z	2023525z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
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Receiving Date: _____ ,

546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2023-526	_____	%
2023-527	_____	%
2023-528	_____	%
2023-529	_____	%
2023-530	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
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Receiving Date: _____ ,

TEST	PRO	M/S	2023-521	2023-522	2023-523	2023-524	2023-525	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

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

6/5/2023
LLENVIOE
LLENVIOA

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

PAGE : 8 (20)
DATE : 6/5/2023
TIME : 11:15:44

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2023-521	2023-522	2023-523	2023-524	2023-525	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

6/5/2023
LLENVIOE
LLENVIOA

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

PAGE : 9 (20)
DATE : 6/5/2023
TIME : 11:15:44

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

TEST	M/S	2023-531	2023-532	2023-533	2023-534	2023-535	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

TEST	M/S	2023-541	2023-542	2023-543	2023-544	2023-545
153 SED. RATE	_____	_____	_____	_____	_____	_____

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

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

TEST	M/S	REA	2023-551	2023-552	2023-553	2023-554	2023-555	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

TEST	M/S	REA	2023-556	2023-557	2023-558	2023-559	2023-560	
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: 06-05-2023
Report Date: 06-23-2023
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2023-526	2023-527	2023-528	2023-529	2023-530	
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: _____

6/5/2023
LLENVIOE
LLENVIOA

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

PAGE : 14 (20)
DATE : 6/5/2023
TIME : 11:15:44

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2023-526	2023-527	2023-528	2023-529	2023-530	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

TEST	2023-561	2023-562	2023-563	2023-564	2023-565	
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: 06-05-2023
Report Date: 06-23-2023
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
	2023-571	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____
2023-572	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-573	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-574	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-575	+ 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: 06-05-2023
Report Date: 06-23-2023
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
2023-581	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-582	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-583	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-584	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-585	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: 06-05-2023
Report Date: 06-23-2023
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2023-291	_____
2023-292	_____
2023-293	_____
2023-294	_____
2023-295	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 06-05-2023
Report Date: 06-23-2023
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
-------------------------------	------------------	-------------------	----------------	--------	-------	-------------------------------

CROSSMATCHING # 2023-591	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-592	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-593	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-594	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-595	_____	_____	_____	_____	_____	_____
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: 06-05-2023

Report Date: 06-23-2023

Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2023-591		
2023-592		
2023-593		
2023-594		
2023-595		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____