

4/1/2024

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

PAGE : 1 (23)
DATE : 4/1/2024
TIME : 14:10:49

LLLENVIOE
LLLENVIOA

SP: 40 IMMUNOLOGY

Lic. No.:

CLIA #:

SUB: 120 GENERAL

Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

TEST	MET	2024-361	2024-362	2024-363	2024-364	2024-365	
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	2024-371	2024-372	2024-373	2024-374	2024-375	
088 ALPHA-FETO	_____	_____	_____	_____	_____	_____	ng/ml
101 IgE	_____	_____	_____	_____	_____	_____	IU/ml

DATE: _____

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TEST	MET	2024-341	2024-342	2024-343	2024-344	2024-345
089 ANA-QUALI.	_____	_____	_____	_____	_____	_____
090 ANA-PATTER	_____	_____	_____	_____	_____	_____
124 ANA-QUANT.	_____	_____	_____	_____	_____	_____

DATE: _____

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TEST	MET	2024-351	2024-352	2024-353	2024-354	2024-355
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: _____

DIRECTOR'S SIGNATURE: _____

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Report Date: 04-26-2024

Receiving Date: _____ ,

TEST	MET	2024-356	2024-357	2024-358	2024-359	2024-360	
392 NR ASOT SQ	___	___	___	___	___	___	
403 NR MONO QL	___	___	___	___	___	___	
404 NR MONO QN	___	___	___	___	___	___	
405 NR RF(RA)Q	___	___	___	___	___	___	
406 NR RA-SEMI	___	___	___	___	___	___	
468 NR RA-QUAN	___	___	___	___	___	___	
484 NR CRP-Qu1	___	___	___	___	___	___	
485 NR CRP-QNT	___	___	___	___	___	___	MG/DL
524 NR ASOT-QU	___	___	___	___	___	___	
525 NR CRP-QUA	___	___	___	___	___	___	
526 NR CRP- QU	___	___	___	___	___	___	MG/DL

DATE: _____

SIGNATURES: _____

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Receiving Date: _____ ,

TEST	MET	2024-381	2024-382	2024-383	2024-384	2024-385
155 H. PYLORI	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

- 01 - NEGATIVE OR NON REACTIVE
- 02 - POSITIVE OR REACTIVE

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TEST	MET	2024-211	2024-212	2024-213	2024-214	2024-215
093 HIV	_____	_____	_____	_____	_____	_____
096 HBsAG	_____	_____	_____	_____	_____	_____
097 antiHBC	_____	_____	_____	_____	_____	_____
171 HCV Hep C	_____	_____	_____	_____	_____	_____
181 HAV Total	_____	_____	_____	_____	_____	_____
182 HBsAb	_____	_____	_____	_____	_____	_____
183 HAV IgM	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

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Lab:

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TEST	MET	2024-331	2024-332	2024-333	2024-334	2024-335
107 RUBELLA-QL	_____	_____	_____	_____	_____	_____

DATE: _____

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CLIA #:

SUB: 120 GENERAL

Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

TEST	MET	UNI	2024-331	2024-332	2024-333	2024-334	2024-335
108 RUBELLA-QT	___	___	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 40 IMMUNOLOGY

Lic. No.:

CLIA #:

SUB: 120 GENERAL

Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

TEST	MET	2024-121	2024-122	2024-123	2024-124	2024-125
548 MYCOPLASMA	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 40 IMMUNOLOGY

Lic. No.:

CLIA #:

SUB: 120 GENERAL

Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

554 COVID-19 ANTIBODY IgM e IgG

SAMPLE No.

R E S U L T C O D E

2024-271

2024-272

2024-273

2024-274

2024-275

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 40 IMMUNOLOGY Lic. No.: CLIA #:
SUB: 130 SYPHILIS SEROLOGY Lab:
Shipping Date: 04-08-2024
Report Date: 04-26-2024
Receiving Date: _____ ,

TEST MET REA 2024-321 2024-322 2024-323 2024-324 2024-325
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 10- R- > 64 DILS.
 DIL.
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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SP: 50 MICROBIOLOGY Lic. No.: CLIA #:

SUB: 140 BACTERIOLOGY Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

111 BACTERIOLOGY GRAM STAIN

SAMPLE No. R E S U L T C O D E

2024-221	_____
2024-222	_____
2024-223	_____
2024-224	_____
2024-225	_____

RESULTS CODE:

01 - GRAM NEGATIVE

02 - GRAM POSITIVE

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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

SUB: 140 BACTERIOLOGY Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

Receiving Date: _____ ,

TEST	2024-231	2024-232	2024-233	2024-234	2024-235
147 STREP DIRE	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

- 01 - NEGATIVE OR NON REACTIVE
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DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 50 MICROBIOLOGY Lic. No.: CLIA #:
SUB: 140 BACTERIOLOGY Lab:
Shipping Date: 04-08-2024
Report Date: 04-26-2024
Receiving Date: _____ ,

112 BACTERIOLOGY - IDENTIFICATION

SAMPLE No.	CULTURE TYPE	ID./METHOD CODE	BACTERIA ID. CODE	DESCRIPTION
2024-241	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-242	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-243	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-244	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-245	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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

SUB: 170 PARASITOLOGY Lab:

Shipping Date: 04-08-2024

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Receiving Date: _____ ,

120 IDENTIFICATION OF PARASITES

SAMPLE No.	PARASITE CODE	DESCRIPTION	STAGE	FREQUENCY
2024-311	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-312	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-313	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-314	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2024-315	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

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

SUB: 170 PARASITOLOGY Lab:

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420 Non Routine: PARASITOLOGY-CONCENTRATIONS PREPARATIONS

SAMPLE No. R E S U L T C O D E

2024-316	_____
2024-317	_____
2024-318	_____
2024-319	_____
2024-320	_____

DATE: _____

SIGNATURES: _____

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SUB: 170 PARASITOLOGY Lab:

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121 PRESENCE OR ABSENCE OF PARASITES

SAMPLE No.	R E S U L T C O D E
2024-311	_____
2024-312	_____
2024-313	_____
2024-314	_____
2024-315	_____

DATE: _____

SIGNATURES: _____

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SP: 50 MICROBIOLOGY

Lic. No.:

CLIA #:

SUB: 180 Virology

Lab:

Shipping Date: 04-08-2024

Report Date: 04-26-2024

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176 INFLUENZA A&B QUALITATIVE RAPID TEST

SAMPLE No.

R E S U L T C O D E

2024-251

2024-252

2024-253

2024-254

2024-255

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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PROFICIENCY TESTING SERVICE
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Lic. No.:

CLIA #:

SUB: 180 Virology

Lab:

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TEST	REA	2024-251	2024-252	2024-253	2024-254	2024-255
555 RSV Virus	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

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SUB: 180 Virology Lab:
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TEST	MET	2024-251	2024-252	2024-253	2024-254	2024-255
561 COV19ANT	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____