
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
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
2023-111	_____
2023-112	_____
2023-113	_____
2023-114	_____
2023-115	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
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172 DIFF-AT.5

PRO	WBC	S/I	2023131X	2023132X	2023133X	2023134X	2023135X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
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472 Non Routine: DIFF. WHITE BLOOD CELL FOR 5 PARAM. INST

SAMPLE No.	R E S U L T C O D E
2023-136	_____
2023-137	_____
2023-138	_____
2023-139	_____
2023-140	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY

SUB: 070 GENERAL

Shipping Date: 03-13-2023

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185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2023131Y	2023132Y	2023133Y	2023134Y	2023135Y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/13/2023
LLENVIOE
LLENVIOA

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

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SP: 20 HEMATOLOGY Lic. CLIA
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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	2023131Z	2023132Z	2023133X	2023134Z	2023135Z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

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TEST	PRO	M/S	2023-131	2023-132	2023-133	2023-134	2023-135	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

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TEST	PRO	M/S	2023-131	2023-132	2023-133	2023-134	2023-135	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

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3/13/2023
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PROFICIENCY TESTING SERVICE
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TEST	M/S	2023-141	2023-142	2023-143	2023-144	2023-145	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	‡

DATE: _____ SIGNATURES: _____

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TEST	M/S	2023-151	2023-152	2023-153	2023-154	2023-155
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
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TEST	M/S	REA	2023-161	2023-162	2023-163	2023-164	2025-165	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
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TEST	PRO	M/S	2023-136	2023-137	2023-138	2023-139	2023-140	
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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TEST	PRO	M/S	2023-136	2023-137	2023-138	2023-139	2023-140	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
Receiving Date: _____ ,

TEST	2023-171	2023-172	2023-173	2023-174	2023-175	
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: 03-13-2023
Report Date: 03-31-2023
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
2023-181	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-182	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-183	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-184	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2023-185	+ 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: 080 ABO-RH Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
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TEST	2023-186	2023-187	2023-188	2023-189	2023-190
383 NR ABO GRP	_____	_____	_____	_____	_____
426 NR RH TYPE	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
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
2023-191	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-192	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-193	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-194	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2023-195	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: 03-13-2023
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TEST 2023-196 2023-197 2023-198 2023-199 2023-200
384 NR IND COO _____ _____ _____ _____ _____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
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179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2023-271	_____
2023-272	_____
2023-273	_____
2023-274	_____
2023-275	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
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 # 2023-201	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-202	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-203	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-204	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2023-205	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

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

DATE: _____ SIGNATURES: _____

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PROFICIENCY TESTING SERVICE
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SUB: 100 COMPATIBILITY Lab:
 TESTING

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TEST	2023-206	2023-207	2023-208	2023-209	2023-210
385 NR COMPA T	_____	_____	_____	_____	_____

DATE: _____

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

SUB: 110 ANTIBODY IDENTIFICATION Lab:

Shipping Date: 03-13-2023

Report Date: 03-31-2023

Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2023-201		
2023-202		
2023-203		
2023-204		
2023-205		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-13-2023
Report Date: 03-31-2023
Receiving Date: _____ ,

386 Non Routine: ANTIBODY IDENTIFICATION TESTING

SAMPLE No.	R E S U L T C O D E
2023-206	_____
2023-207	_____
2023-208	_____
2023-209	_____
2023-210	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____
