

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 1 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 10 CHEMISTRY Lic. No.: CLIA #:
SUB: 010 ROUTINE Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	S/I	2020-881	2020-882	2020-883	2020-884	2020-885	
157 WBG	---	_____	_____	_____	_____	_____	MG/DL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
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
2020-891	_____
2020-892	_____
2020-893	_____
2020-894	_____
2020-895	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

172 DIFF-AT.5

PRO	WBC	S/I	2020911X	2020912X	2020913X	2020914X	2020915X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2020911Y	2020912Y	2020913Y	2020914Y	2020915Y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 5 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY

Lic. CLIA

No. : #:

SUB: 070 GENERAL

Lab:

Shipping 11-09-2020

Date:

Report 11-30-2020

Date:

Receiving _____

Date:

186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	2020911z	2020912z	2020913z	2020914z	2020915z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 6 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2020916Z	_____	%
2020917Z	_____	%
2020918Z	_____	%
2020919Z	_____	%
2020920Z	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 7 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving _____ ,
Date: _____

TEST	M/S	2020-916	2020-917	2020-918	2020-919	2020-920	
375 NR RBC	_____	_____	_____	_____	_____	_____	MILLION/UL
376 NR HCT	_____	_____	_____	_____	_____	_____	
377 NR HGB	_____	_____	_____	_____	_____	_____	G/DL
378 NR WBC	_____	_____	_____	_____	_____	_____	THOUSAND/UL

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

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 8 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	PRO	M/S	2020-911	2020-912	2020-913	2020-914	2020-915	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 9 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2020-911	2020-912	2020-913	2020-914	2020-915	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 10 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	M/S	2020-921	2020-922	2020-923	2020-924	2020-925	
149 RETICULOC.	____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 11 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	M/S	2020-931	2020-932	2020-933	2020-934	2020-935
153 SED. RATE	___	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 12 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	M/S	REA	2020-941	2020-942	2020-943	2020-944	2020-945	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

11/10/2020
LLENVIOE
LLENVIOA

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

PAGE : 13 (19)
DATE :
11/10/2020
TIME : 07:06:02

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	2020-951	2020-952	2020-953	2020-954	2020-955	
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: 11-09-2020
Report Date: 11-30-2020
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
	2020-961	+	+	+	+	+	+	+	+	+	_____
	0	0	0	0	0	0	0	0	0		
2020-962	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-963	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-964	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2020-965	+	+	+	+	+	+	+	+	+	_____	_____
	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: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
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
2020-971	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-972	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-973	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-974	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2020-975	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: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2020-651	_____
2020-652	_____
2020-653	_____
2020-654	_____
2020-655	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
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	ALBUMIN	ALBUMIN	COOMBS	OTHER	INTERPRETATION Result Code
-------------------------------	--------	---------	---------	--------	-------	-------------------------------

CROSSMATCHING # 2020-981	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-982	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-983	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-984	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2020-985	_____	_____	_____	_____	_____	_____
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: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2020-981		
2020-982		
2020-983		
2020-984		
2020-985		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 40 IMMUNOLOGY Lic. No.: CLIA #:
SUB: 120 GENERAL Lab:
Shipping Date: 11-09-2020
Report Date: 11-30-2020
Receiving Date: _____ ,

TEST	MET	2020-991	2020-992	2020-993	2020-994	2020-995
093 HIV	___	_____	_____	_____	_____	_____
096 HBsAG	___	_____	_____	_____	_____	_____
097 antiHBC	___	_____	_____	_____	_____	_____
171 HCV Hep C	___	_____	_____	_____	_____	_____
181 HAV Total	___	_____	_____	_____	_____	_____
182 HBsAb	___	_____	_____	_____	_____	_____
183 HAV IgM	___	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____
