

11/1/2021  
LLENVIOE  
LLENVIOA

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

PAGE : 1 (21)  
DATE : 11/1/2021  
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SP: 10 CHEMISTRY                      Lic. No.:                      CLIA #:  
SUB: 010 ROUTINE                      Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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TEST	S/I	2021-881	2021-882	2021-883	2021-884	2021-885	
157 WBG	_____	_____	_____	_____	_____	_____	MG/DL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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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
2021-891	_____
2021-892	_____
2021-893	_____
2021-894	_____
2021-895	_____

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
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172 DIFF-AT.5

PRO	WBC	S/I	2021911X	2021912X	2021913X	2021914X	2021915X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
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Shipping Date: 11-01-2021  
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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
2021-916	_____
2021-917	_____
2021-918	_____
2021-919	_____
2021-920	_____

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_





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SP: 20 HEMATOLOGY 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	
2021916Z	_____	%
2021917Z	_____	%
2021918Z	_____	%
2021919Z	_____	%
2021920Z	_____	%

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

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TEST	PRO	M/S	2021-911	2021-912	2021-913	2021-914	2021-915	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_  
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Date: \_\_\_\_\_  
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TEST	PRO	M/S	2021-911	2021-912	2021-913	2021-914	2021-915	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_  
DIRECTOR'S SIGNATURE: \_\_\_\_\_  
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TEST	M/S	2021-921	2021-922	2021-923	2021-924	2021-925	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	‡

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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TEST	M/S	2021-931	2021-932	2021-933	2021-934	2021-935
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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TEST	M/S	REA	2021-941	2021-942	2021-943	2021-944	2021-945	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 070 GENERAL                      Lab:  
Shipping Date: 11-01-2021  
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TEST	PRO	M/S	2021-916	2021-917	2021-918	2021-919	2021-920	
556 NR RBC NEW	___	___	___	___	___	___	___	MILLION/UL
557 NR HCT-NEW	___	___	___	___	___	___	___	MILLION/UL
558 NR WBC	___	___	___	___	___	___	___	THOUSAND/UL
560 NR HEMOGLO	___	___	___	___	___	___	___	G/DL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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SUB: 070 GENERAL                      Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving \_\_\_\_\_ ,  
Date: \_\_\_\_\_  
-----

TEST	PRO	M/S	2021-916	2021-917	2021-918	2021-919	2021-920	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

-----  
SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 075 BODY FLUID                      Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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TEST	2021-951	2021-952	2021-953	2021-954	2021-955	
159 BF RBC	_____	_____	_____	_____	_____	RBC/UL
160 BF WBC	_____	_____	_____	_____	_____	WBC/UL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 080 ABO-RH Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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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
2021-961	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2021-962	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2021-963	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2021-964	+	+	+	+	+	+	+	+	+	_____	_____
	0	0	0	0	0	0	0	0	0		
2021-965	+	+	+	+	+	+	+	+	+	_____	_____
	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: \_\_\_\_\_



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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 090 COOMBS Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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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
2021-971	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-972	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-973	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-974	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-975	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: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
-----

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2021-651	_____
2021-652	_____
2021-653	_____
2021-654	_____
2021-655	_____

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 100 COMPATIBILITY TESTING Lab:  
Shipping Date: 11-01-2021  
Report Date: 11-19-2021  
Receiving Date: \_\_\_\_\_ ,  
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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 # 2021-981	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-982	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-983	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-984	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-985	_____	_____	_____	_____	_____	_____
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: 11-01-2021

Report Date: 11-19-2021

Receiving Date: \_\_\_\_\_ ,

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ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2021-981		
2021-982		
2021-983		
2021-984		
2021-985		

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

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SP: 40 IMMUNOLOGY                      Lic. No.:                      CLIA #:  
SUB: 120 GENERAL                      Lab:  
Shipping Date: 11-01-2021  
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TEST	MET	2021-991	2021-992	2021-993	2021-994	2021-995
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: \_\_\_\_\_

\_\_\_\_\_