

10/7/2024

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

PAGE : 1 (20)
DATE : 10/7/2024
TIME : 07:09:35

LLENVIOE
LLENVIOA

SP: 10 CHEMISTRY

Lic. No.:

CLIA #:

SUB: 010 ROUTINE

Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	MET	S/I	REA	2024-781	2024-782	2024-783	2024-784	2024-785	
001 ALT/SGPT	___	___	___	___	___	___	___	___	IU/L
002 ALBUMIN	___	___	___	___	___	___	___	___	GM/DL
003 ALK. PHOS.	___	___	___	___	___	___	___	___	IU/L
004 AMYLASE	___	___	___	___	___	___	___	___	IU/L
005 AST/SGOT	___	___	___	___	___	___	___	___	IU/L
006 BILIRUBI-T	___	___	___	___	___	___	___	___	MG/DL
010 CALCIUM, T	___	___	___	___	___	___	___	___	MG/DL
011 CHLORIDE	___	___	___	___	___	___	___	___	MEQ/L
012 CHOL.,TOT.	___	___	___	___	___	___	___	___	MG/DL
013 CHOL.HDL	___	___	___	___	___	___	___	___	MG/DL
014 CK	___	___	___	___	___	___	___	___	IU/L
016 CREATININE	___	___	___	___	___	___	___	___	MG/DL
017 GLUCOSE	___	___	___	___	___	___	___	___	MG/DL
018 IRON,TOTAL	___	___	___	___	___	___	___	___	ug/dl
019 LDH	___	___	___	___	___	___	___	___	IU/L
021 MAGNESIUM	___	___	___	___	___	___	___	___	MG/DL
022 POTASSIUM	___	___	___	___	___	___	___	___	MEQ/L
023 SODIUM	___	___	___	___	___	___	___	___	MEQ/L
024 T/PROTEIN	___	___	___	___	___	___	___	___	G/DL
025 TRIGLYCE.	___	___	___	___	___	___	___	___	MG/DL
026 BUN	___	___	___	___	___	___	___	___	MG/DL
027 URIC ACID	___	___	___	___	___	___	___	___	MG/DL
135 GGT	___	___	___	___	___	___	___	___	U/L
136 LACTIC AC.	___	___	___	___	___	___	___	___	MEQ/L
137 LIPASE	___	___	___	___	___	___	___	___	U/L
138 PHOSPHORUS	___	___	___	___	___	___	___	___	MG/DL
169 CO2	___	___	___	___	___	___	___	___	

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLLENVIOE
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DEPARTMENT OF HEALTH OF PUERTO RICO

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170 DIRECT BIL _____

DATE: _____

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LLLENVIOE
LLENVIOA

SP: 10 CHEMISTRY

Lic. No.:

CLIA #:

SUB: 010 ROUTINE

Lab:

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Report Date: 10-25-2024

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TEST	MET	S/I	REA	2024-786	2024-787	2024-788	2024-789	2024-790	
301 NR ALT/SG	___	___	___	___	___	___	___	___	IU/L
302 NR ALBUMIN	___	___	___	___	___	___	___	___	GM/DL
303 NR ALK PHO	___	___	___	___	___	___	___	___	IU/L
304 NR AMYLASE	___	___	___	___	___	___	___	___	IU/L
305 NR AST/SGO	___	___	___	___	___	___	___	___	IU/L
306 NR TOT BIL	___	___	___	___	___	___	___	___	MG/DL
310 NR CALCIUM	___	___	___	___	___	___	___	___	MG/DL
311 NR CHLORID	___	___	___	___	___	___	___	___	MEQ/L
312 NR CHOLE	___	___	___	___	___	___	___	___	MG/DL
313 NR CHOL	___	___	___	___	___	___	___	___	MG/DL
314 NR CREAT K	___	___	___	___	___	___	___	___	IU/L
316 NR CREATIN	___	___	___	___	___	___	___	___	MG/DL
317 NR GLUCOSE	___	___	___	___	___	___	___	___	MG/DL
318 NR IRON T.	___	___	___	___	___	___	___	___	ug/dl
319 NR LDH	___	___	___	___	___	___	___	___	IU/L
321 NR MAGNES	___	___	___	___	___	___	___	___	MG/DL
322 NR POTASSM	___	___	___	___	___	___	___	___	MEQ/L
323 NR SODIUM	___	___	___	___	___	___	___	___	MEQ/L
324 NR T/PROTE	___	___	___	___	___	___	___	___	G/DL
325 NR TRIGLYC	___	___	___	___	___	___	___	___	MG/DL
326 NR BUN	___	___	___	___	___	___	___	___	MG/DL
327 NR URIC AC	___	___	___	___	___	___	___	___	MG/DL
437 NR LIPASE	___	___	___	___	___	___	___	___	U/L
476 NR LAC AC	___	___	___	___	___	___	___	___	MEQ/L
481 NR CO2	___	___	___	___	___	___	___	___	
486 NR GGT	___	___	___	___	___	___	___	___	U/L
487 NR LACTIC	___	___	___	___	___	___	___	___	MEQ/L

DATE: _____

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DEPARTMENT OF HEALTH OF PUERTO RICO

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489 NR PHOSPH _____
490 NR DIR BIL _____

MG/DL

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SP: 10 CHEMISTRY

Lic. No.:

CLIA #:

SUB: 010 ROUTINE

Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

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TEST	S/I	2024-881	2024-882	2024-883	2024-884	2024-885	
157 WBG	_____	_____	_____	_____	_____	_____	MG/DL

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LLENVIOE
LLENVIOA

SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 020 BLOOD GASES Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	S/I	2024-831	2024-832	2024-833	2024-834	2024-835	
007 pCO2	---	---	---	---	---	---	mmHg
008 pH	---	---	---	---	---	---	
009 pO2	---	---	---	---	---	---	mmHg

DATE: _____

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LLLENVIOE
LLLENVIOA

SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 030 ENDOCRINOLOGY Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	M/S	2024-811	2024-812	2024-813	2024-814	2024-815	
028 CORTISOL	_____	_____	_____	_____	_____	_____	ug/dl
029 FSH	_____	_____	_____	_____	_____	_____	mIU/ml
030 FREE THYR.	_____	_____	_____	_____	_____	_____	ng/dl
031 hCG-QUALI.	_____	_____	_____	_____	_____	_____	ng/dl
032 hCG-QUANT.	_____	_____	_____	_____	_____	_____	mIU/ml
033 INSULIN	_____	_____	_____	_____	_____	_____	mU/L
034 PROGESTER.	_____	_____	_____	_____	_____	_____	ng/ml
035 PROLACTIN	_____	_____	_____	_____	_____	_____	ng/ml
037 TESTOSTER.	_____	_____	_____	_____	_____	_____	ng/ml
038 TRIIODOTH.	_____	_____	_____	_____	_____	_____	ng/ml
039 TSH	_____	_____	_____	_____	_____	_____	uIU/ml
040 THYROX.-T4	_____	_____	_____	_____	_____	_____	ug/dl
139 ESTRADIOL	_____	_____	_____	_____	_____	_____	pg/ml
141 FOLATE	_____	_____	_____	_____	_____	_____	ng/ml
142 hLH	_____	_____	_____	_____	_____	_____	mIU/ml
504 NR TESTOST	_____	_____	_____	_____	_____	_____	ng/ml

DATE: _____

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SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 030 ENDOCRINOLOGY Lab:

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Receiving Date: _____ ,

TEST	M/S	2024-801	2024-802	2024-803	2024-804	2024-805	
151 hCG-QUALI.	_____	_____	_____	_____	_____	_____	
152 hCG-QUANT.	_____	_____	_____	_____	_____	_____	mIU/ml

DATE: _____

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SUB: 030 ENDOCRINOLOGY

Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	UNI	M/S	NVA	2024-811	2024-812	2024-813	2024-814	2024-815
173 T3 UPTAKE	_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

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DEPARTMENT OF HEALTH OF PUERTO RICO

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SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 030 ENDOCRINOLOGY Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST UNI M/S NVA 2024-816 2024-817 2024-818 2024-819 2024-820

473 NR T3 UPTK _____ _____ _____ _____ _____ _____ _____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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PROFICIENCY TESTING SERVICE
LABORATORY SERVICES PROGRAM
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LLENVIOE
LLENVIOA

 SP: 10 CHEMISTRY Lic. No.: CLIA #:
 SUB: 040 TOXICOLOGY Lab:
 Shipping Date: 10-07-2024
 Report Date: 10-25-2024
 Receiving Date: _____ ,

TEST	M/S	2024-811	2024-812	2024-813	2024-814	2024-815	
041 AMIKACIN	_____	_____	_____	_____	_____	_____	UG/ML
042 CARBAMAZE.	_____	_____	_____	_____	_____	_____	UG/ML
043 DIGOXIN	_____	_____	_____	_____	_____	_____	ng/ml
045 FERRITIN	_____	_____	_____	_____	_____	_____	ng/ml
046 GENTAMICIN	_____	_____	_____	_____	_____	_____	UG/ML
049 PHENOBARB.	_____	_____	_____	_____	_____	_____	UG/ML
050 PHENYTOIN	_____	_____	_____	_____	_____	_____	UG/ML
054 THEOPHYLL.	_____	_____	_____	_____	_____	_____	UG/ML
056 VALP. ACID	_____	_____	_____	_____	_____	_____	UG/ML
127 VANCOMYCIN	_____	_____	_____	_____	_____	_____	UG/ML

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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LABORATORY SERVICES PROGRAM
DEPARTMENT OF HEALTH OF PUERTO RICO

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LLLENVIOE
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SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 040 TOXICOLOGY Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	M/S	2024-781	2024-782	2024-783	2024-784	2024-785	
048 LITHIUM	_____	_____	_____	_____	_____	_____	MEQ/L

DATE: _____

SIGNATURES: _____

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

PAGE : 13 (20)
DATE : 10/7/2024
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LLLENVIOE
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SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 050 URINALYSIS Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	MET	2024-841	2024-842	2024-843	2024-844	2024-845	
057 BILI-URINE	_____	_____	_____	_____	_____	_____	
058 GLUC-URINE	_____	_____	_____	_____	_____	_____	
059 BLO/HGB-UR	_____	_____	_____	_____	_____	_____	
060 KETONES-UR	_____	_____	_____	_____	_____	_____	
061 NITRATE-UR	_____	_____	_____	_____	_____	_____	
062 pH-URINE	_____	_____	_____	_____	_____	_____	
064 QUALI-PROT	_____	_____	_____	_____	_____	_____	
065 QUANT-PROT	_____	_____	_____	_____	_____	_____	MG/DL
066 UROBIL-URI	_____	_____	_____	_____	_____	_____	
067 SP GRAV-UR	_____	_____	_____	_____	_____	_____	
166 MICROALBUM	_____	_____	_____	_____	_____	_____	mg/L
167 CREATININE	_____	_____	_____	_____	_____	_____	MG/DL
184 LEUKOCY-UR	_____	_____	_____	_____	_____	_____	

DATE: _____

SIGNATURES: _____

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

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LLLENVIOE
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SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 050 URINALYSIS Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

150 URINALYSIS - SEDIMENT

Locate your identification in the Master List for URINALYSIS 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
--------------------	------------------------------------

2024-851	_____
2024-852	_____
2024-853	_____
2024-854	_____
2024-855	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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Lic. No.:

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SUB: 050 URINALYSIS

Lab:

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TEST	MET	2024-841	2024-842	2024-843	2024-844	2024-845
063 URI.PRE.T.	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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PROFICIENCY TESTING SERVICE
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PAGE : 16 (20)
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LLENVIOE
LLENVIOA

SP: 10 CHEMISTRY Lic. No.: CLIA #:

SUB: 060 SPECIAL TESTS Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	M/S	2024-811	2024-812	2024-813	2024-814	2024-815	
068 CEA	_____	_____	_____	_____	_____	_____	ng/ml
069 PSA	_____	_____	_____	_____	_____	_____	ng/ml
070 PAP	_____	_____	_____	_____	_____	_____	
071 VITAM. B12	_____	_____	_____	_____	_____	_____	pg/ml

DATE: _____

SIGNATURES: _____

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SUB: 060 SPECIAL TESTS Lab:

Shipping Date: 10-07-2024

Report Date: 10-25-2024

Receiving Date: _____ ,

TEST	M/S	2024-821	2024-822	2024-823	2024-824	2024-825	
146 GLYCOHEMO.	_____	_____	_____	_____	_____	_____	%

DATE: _____

SIGNATURES: _____

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SUB: 060 SPECIAL TESTS

Lab:

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TEST	M/S	2024-826	2024-827	2024-828	2024-829	2024-830	
483 NR Glycohe	_____	_____	_____	_____	_____	_____	%
532 NR GLYCOHE	_____	_____	_____	_____	_____	_____	%

DATE: _____

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TEST	MET	2024-861	2024-862	2024-863	2024-864	2024-865
154 OCCULT BL.	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

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

DATE: _____

SIGNATURES: _____

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TEST	S/I	2024-301	2024-302	2024-303	2024-304	2024-305	
178 Vitamin D	_____	_____	_____	_____	_____	_____	ng/ml

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____