
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
Report Date: 06-28-2024
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
2024-501	_____
2024-502	_____
2024-503	_____
2024-504	_____
2024-505	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
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172 DIFF-AT.5

PRO	WBC	S/I	2024521x	2024522x	2024523x	2024524x	2024525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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472 Non Routine: DIFF. WHITE BLOOD CELL FOR 5 PARAM. INST

PRO	WBC	S/I	2024526x	2024527x	2024528x	2024529x	2024530x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY

SUB: 070 GENERAL

Shipping Date:

Report Date:

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185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2024521y	2024522y	2024523y	2024524y	2024525y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I					
_____	_____	_____	2024521z	2024522z	2024523z	2024524z	2024525z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

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546 NR DIFF 3 PARAMETER INSTRUMENT

PRO	WBC	S/I	2024526z	2024527z	2024528z	2024529z	2024530z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
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Date: _____

TEST PRO M/S 2024-521 2024-522 2024-523 2024-524 2024-525
553 PLATELET _____ _____ _____ _____ _____ THOUSAND/UL

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

6/9/2024
LLENVIOE
LLENVIOA

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

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Report Date: 06-28-2024
Receiving Date: _____ ,

TEST	M/S	2024-531	2024-532	2024-533	2024-534	2024-535	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
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TEST	M/S	2024-541	2024-542	2024-543	2024-544	2024-545
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
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TEST	M/S	REA	2024-551	2024-552	2024-553	2024-554	2024-555	
080 FIBRINOGEN	___	___	_____	_____	_____	_____	_____	MG/DL
081 PTT	___	___	_____	_____	_____	_____	_____	secs
082 PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
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TEST	M/S	REA	2024-556	2024-557	2024-558	2024-559	2024-560	
380 NR FIBRINO	___	___	_____	_____	_____	_____	_____	MG/DL
381 NR PTT	___	___	_____	_____	_____	_____	_____	secs
382 Non Rou PT	___	___	_____	_____	_____	_____	_____	

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
Shipping Date: 06-10-2024
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TEST	PRO	M/S	2024-526	2024-527	2024-528	2024-529	2024-530	
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: _____

6/9/2024
LLENVIOE
LLENVIOA

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

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SUB: 070 GENERAL Lab:
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Receiving _____ ,
Date: _____

TEST	PRO	M/S	2024-526	2024-527	2024-528	2024-529	2024-530	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 06-10-2024
Report Date: 06-28-2024
Receiving Date: _____ ,

TEST	2024-561	2024-562	2024-563	2024-564	2024-565	
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: 06-10-2024
Report Date: 06-28-2024
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
	2024-571	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____
2024-572	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-573	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-574	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-575	+ 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: 06-10-2024
Report Date: 06-28-2024
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
2024-581	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-582	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-583	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-584	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-585	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: 06-10-2024
Report Date: 06-28-2024
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2024-291	_____
2024-292	_____
2024-293	_____
2024-294	_____
2024-295	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 06-10-2024
Report Date: 06-28-2024
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
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CROSSMATCHING # 2024-591 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-592 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-593 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-594 PATIENT PLASMA A-DONOR CELLS	_____	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------	-------

CROSSMATCHING # 2024-595 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: 06-10-2024
Report Date: 06-28-2024
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2024-591		
2024-592		
2024-593		
2024-594		
2024-595		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____