
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
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
2024-111	_____
2024-112	_____
2024-113	_____
2024-114	_____
2024-115	_____

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

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

PRO	WBC	S/I	2024131X	2024132X	2024133X	2024134X	2024135X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
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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
2024-136	_____
2024-137	_____
2024-138	_____
2024-139	_____
2024-140	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
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185 Diff 6 Parameter Instruments Test

PRO	WBC	S/I	2024131Y	2024132Y	2024133Y	2024134Y	2024135Y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY

Lic. CLIA #:

No.:

SUB: 070 GENERAL

Lab:

Shipping Date: 03-04-2024

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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO WBC S/I 2024131Z 2024132Z 2024133Z 2024134Z 2024135Z

_____|_____|_____|_____|_____|_____|_____

_____|_____|_____|_____|_____|_____|_____

_____|_____|_____|_____|_____|_____|_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
Receiving Date: _____ ,

546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2024-136	_____	%
2024-137	_____	%
2024-138	_____	%
2024-139	_____	%
2024-140	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-04-2024
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TEST	PRO	M/S	2024-131	2024-132	2024-133	2024-134	2024-135	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

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

3/4/2024
LLENVIOE
LLENVIOA

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

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Receiving _____ ,
Date: _____

TEST	PRO	M/S	2024-131	2024-132	2024-133	2024-134	2024-135	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/U L

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/4/2024
LLENVIOE
LLENVIOA

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

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TEST	M/S	2024-141	2024-142	2024-143	2024-144	2024-145	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-04-2024
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TEST	M/S	2024-151	2024-152	2024-153	2024-154	2024-155
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/4/2024
LLENVIOE
LLENVIOA

PROFICIENCY TESTING SERVICE
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TEST	M/S	REA	2024-161	2024-162	2024-163	2024-164	2024-165	
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: 03-04-2024
Report Date: 03-22-2024
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2024-136	2024-137	2024-138	2024-139	2024-140	
556 NR RBC NEW	___	___	___	___	___	___	___	MILLION/UL
557 NR HCT-NEW	___	___	___	___	___	___	___	MILLION/UL
558 NR WBC	___	___	___	___	___	___	___	THOUSAND/UL
560 NR HEMOGLO	___	___	___	___	___	___	___	G/DL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/4/2024
LLENVIOE
LLENVIOA

PROFICIENCY TESTING SERVICE
LABORATORY SERVICES PROGRAM
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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2024-136	2024-137	2024-138	2024-139	2024-140	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/U L

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:

SUB: 075 BODY FLUID Lab:

Shipping Date: 03-04-2024

Report Date: 03-22-2024

Receiving Date: _____ ,

TEST	2024-171	2024-172	2024-173	2024-174	2024-175	
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: 03-04-2024
Report Date: 03-22-2024
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
	2024-181	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____
2024-182	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-183	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-184	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2024-185	+ 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: 03-04-2024
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TEST	2024-186	2024-187	2024-188	2024-189	2024-190
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: 03-04-2024
Report Date: 03-22-2024
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
2024-191	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-192	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-193	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-194	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2024-195	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: 03-04-2024
Report Date: 03-22-2024
Receiving Date: _____ ,

TEST	2024-196	2024-197	2024-198	2024-199	2024-200
384 NR IND COO	_____	_____	_____	_____	_____

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

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
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179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2024-271	_____
2024-272	_____
2024-273	_____
2024-274	_____
2024-275	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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

SUB: 100 COMPATIBILITY TESTING Lab:

Shipping Date: 03-04-2024

Report Date: 03-22-2024

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	SALINE	ALBUMIN	ALBUMIN	COOMBS	OTHER	INTERPRETATION
(Major side)	20-25C	20-25C	37C			Result Code

CROSSMATCHING # 2024-201	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2024-202	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2024-203	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2024-204	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2024-205	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/4/2024
LLENVIOE
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PROFICIENCY TESTING SERVICE
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SUB: 100 COMPATIBILITY Lab:
 TESTING

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TEST	2024-206	2024-207	2024-208	2024-209	2024-210
385 NR COMPA T	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2024-201		
2024-202		
2024-203		
2024-204		
2024-205		

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

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-04-2024
Report Date: 03-22-2024
Receiving Date: _____ ,

386 Non Routine: ANTIBODY IDENTIFICATION TESTING

SAMPLE No.	R E S U L T C O D E
2024-206	_____
2024-207	_____
2024-208	_____
2024-209	_____
2024-210	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____
