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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
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
2025-111	_____
2025-112	_____
2025-113	_____
2025-114	_____
2025-115	_____

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

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

\_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
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172 DIFF-AT.5

PRO	WBC	S/I	2025131X	2025132X	2025133X	2025134X	2025135X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

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

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

\_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
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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
2025-136	_____
2025-137	_____
2025-138	_____
2025-139	_____
2025-140	_____

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

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

\_\_\_\_\_

-----  
SP: 20 HEMATOLOGY Lic. CLIA  
No.: #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
-----

185 Diff 6 Parameter Instruments  
Test

PRO	WBC	S/I	2025131Y	2025132Y	2025133Y	2025134Y	2025135Y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

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

\_\_\_\_\_

-----  
SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	2025131Z	2025132Z	2025133Z	2025134Z	2025135Z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_  
DIRECTOR'S SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:  
SUB: 070 GENERAL Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
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546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2025-136	_____	%
2025-137	_____	%
2025-138	_____	%
2025-139	_____	%
2025-140	_____	%

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

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

\_\_\_\_\_

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SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
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TEST	PRO	M/S	2025-131	2025-132	2025-133	2025-134	2025-135	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: \_\_\_\_\_ SIGNATURES: \_\_\_\_\_  
DIRECTOR'S SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

3/6/2025  
LLENVIOE  
LLENVIOA

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

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SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
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Date: \_\_\_\_\_  
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TEST	PRO	M/S	2025-131	2025-132	2025-133	2025-134	2025-135	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

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

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

\_\_\_\_\_



3/6/2025  
LLENVIOE  
LLENVIOA

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

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Shipping Date: 03-10-2025  
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TEST	M/S	2025-141	2025-142	2025-143	2025-144	2025-145	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

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

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

\_\_\_\_\_

3/6/2025  
LLENVIOE  
LLENVIOA

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

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SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
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TEST	M/S	2025-151	2025-152	2025-153	2025-154	2025-155
153 SED. RATE	_____	_____	_____	_____	_____	_____

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

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

\_\_\_\_\_

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SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
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TEST	M/S	2025-156	2025-157	2025-158	2025-159	2025-160
533 NR SED. RA	_____	_____	_____	_____	_____	_____

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

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

\_\_\_\_\_

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SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
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TEST	M/S	REA	2025-161	2025-162	2025-163	2025-164	2025-165	
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: 03-10-2025  
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TEST	PRO	M/S	2025-136	2025-137	2025-138	2025-139	2025-140	
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: \_\_\_\_\_  
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3/6/2025  
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PROFICIENCY TESTING SERVICE  
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SUB: 070 GENERAL                      Lab:  
Shipping Date: 03-10-2025  
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Date: \_\_\_\_\_  
-----

TEST	PRO	M/S	2025-136	2025-137	2025-138	2025-139	2025-140	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

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

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

-----  
SP: 20 HEMATOLOGY                      Lic. No.:                      CLIA #:  
SUB: 075 BODY FLUID                      Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
-----

TEST	2025-171	2025-172	2025-173	2025-174	2025-175	
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: 03-10-2025  
Report Date: 03-28-2025  
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
2025-181	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2025-182	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2025-183	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2025-184	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2025-185	+ 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: \_\_\_\_\_  
\_\_\_\_\_



3/6/2025  
LLENVIOE  
LLENVIOA

PROFICIENCY TESTING SERVICE  
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SP: 30 IMMUNOHEMATOLOGY      Lic. No.:                      CLIA #:  
SUB: 080 ABO-RH                      Lab:  
Shipping Date: 03-10-2025  
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TEST	2025-186	2025-187	2025-188	2025-189	2025-190
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: 03-10-2025  
Report Date: 03-28-2025  
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
2025-191	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-192	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-193	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-194	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2025-195	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: 03-10-2025  
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-----

TEST                                      2025-196   2025-197   2025-198   2025-199   2025-200  
384 NR IND COO                                      \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

DATE: \_\_\_\_\_                      SIGNATURES: \_\_\_\_\_  
DIRECTOR'S SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 090 COOMBS Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
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-----

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2025-271	_____
2025-272	_____
2025-273	_____
2025-274	_____
2025-275	_____

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

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

\_\_\_\_\_

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SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 100 COMPATIBILITY TESTING Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
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
-------------------------------	------------------	-------------------	----------------	--------	-------	-------------------------------

CROSSMATCHING # 2025-201	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2025-202	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2025-203	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2025-204	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2025-205	_____	_____	_____	_____	_____	_____
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: 100 COMPATIBILITY      Lab:  
    TESTING

Shipping Date: 03-10-2025

Report Date: 03-28-2025

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

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TEST                                      2025-206   2025-207   2025-208   2025-209  
385 NR COMPA T                      \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

SUB: 110 ANTIBODY IDENTIFICATION Lab:

Shipping Date: 03-10-2025

Report Date: 03-28-2025

Receiving Date: \_\_\_\_\_ ,  
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ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2025-201		
2025-202		
2025-203		
2025-204		
2025-205		

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

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

-----  
SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:  
SUB: 110 ANTIBODY IDENTIFICATION Lab:  
Shipping Date: 03-10-2025  
Report Date: 03-28-2025  
Receiving Date: \_\_\_\_\_ ,  
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386 Non Routine: ANTIBODY IDENTIFICATION TESTING

SAMPLE No.	R E S U L T C O D E
2025-206	_____
2025-207	_____
2025-208	_____
2025-209	_____
2025-210	_____

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

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

\_\_\_\_\_