
SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
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
2026-111	_____
2026-112	_____
2026-113	_____
2026-114	_____
2026-115	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
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Receiving Date: _____ ,

172 DIFF-AT.5

PRO	WBC	S/I	2026131X	2026132X	2026133X	2026134X	2026135X
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
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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
2026-136	_____
2026-137	_____
2026-138	_____
2026-139	_____
2026-140	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic
No.
SUB: 070 GENERAL Lab
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Receiving Date: _____ ,

185 Diff 6 Parameter Instru
Test

PRO	WBC	S/I	2026131y	2026132y	2026133y	2026134y	2026135y
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. CLIA
No.: #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	2026131z	2026132z	2026133z	2026134z	2026135z
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
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Receiving Date: _____ ,

546 NR DIFF 3 PARAMETER INSTRUMENT

SAMPLE No.	R E S U L T C O D E	
2026-136	_____	%
2026-137	_____	%
2026-138	_____	%
2026-139	_____	%
2026-140	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
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Receiving Date: _____ ,

TEST	PRO	M/S	2026-131	2026-132	2026-133	2026-134	2026-135	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2026-131	2026-132	2026-133	2026-134	2026-135	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

3/9/2026
LLENVIOE
LLENVIOA

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

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
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Report Date: 03-27-2026
Receiving Date: _____ ,

TEST	M/S	2026-141	2026-142	2026-143	2026-144	2026-145	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

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

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

TEST	M/S	2026-151	2026-152	2026-153	2026-154	2026-155
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

TEST	M/S	2026-156	2026-157	2026-158	2026-159	2026-160
533 NR SED. RA	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
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TEST	M/S	REA	2026-161	2026-162	2026-163	2026-164	2026-165	
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: 03-09-2026
Report Date: 03-27-2026
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Date: _____

TEST	PRO	M/S	2026-136	2026-137	2026-138	2026-139	2026-140	
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: _____

3/9/2026
LLENVIOE
LLENVIOA

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

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SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving _____ ,
Date: _____

TEST	PRO	M/S	2026-136	2026-137	2026-138	2026-139	2026-140	
559 NR PLAT NW	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 075 BODY FLUID Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

TEST	2026-171	2026-172	2026-173	2026-174	2026-175	
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: 03-09-2026
Report Date: 03-27-2026
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
	2026-181	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____
2026-182	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-183	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-184	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2026-185	+ 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: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

TEST	2026-186	2026-187	2026-188	2026-189	2026-190
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: 03-09-2026
Report Date: 03-27-2026
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
2026-191	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-192	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-193	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-194	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2026-195	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: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

TEST 2026-196 2026-197 2026-198 2026-199 2026-200
384 NR IND COO _____ _____ _____ _____ _____

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

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 090 COOMBS Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2026-271	_____
2026-272	_____
2026-273	_____
2026-274	_____
2026-275	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
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 # 2026-201	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-202	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-203	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-204	_____	_____	_____	_____	_____	_____
PATIENT PLASMA						
A-DONOR CELLS						

CROSSMATCHING # 2026-205	_____	_____	_____	_____	_____	_____
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: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2026-201		
2026-202		
2026-203		
2026-204		
2026-205		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 110 ANTIBODY IDENTIFICATION Lab:
Shipping Date: 03-09-2026
Report Date: 03-27-2026
Receiving Date: _____ ,

386 Non Routine: ANTIBODY IDENTIFICATION TESTING

SAMPLE No.	R E S U L T C O D E
2026-206	_____
2026-207	_____
2026-208	_____
2026-209	_____
2026-210	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____
