

6/7/2021
LLENVIOE
LLENVIOA

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

PAGE : 1 (17)
DATE : 6/7/2021
TIME : 06:52:01

SP: 10 CHEMISTRY Lic. No.: CLIA #:
SUB: 010 ROUTINE Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	S/I	2021-491	2021-492	2021-493	2021-494	2021-495	
157 WBG	_____	_____	_____	_____	_____	_____	MG/DL

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
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
2021-501	_____
2021-502	_____
2021-503	_____
2021-504	_____
2021-505	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. No.: CLIA #:
SUB: 070 GENERAL Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
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172 DIFF-AT.5

PRO	WBC	S/I	2021521x	2021522x	2021523x	2021524x	2021525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY L
SUB: 070 GENERAL L
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____

185 Diff 6 Parameter Ins
Test

PRO	WBC	S/I	202152y	2021522x	2021523x	2021524x	2021525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 20 HEMATOLOGY Lic. CLIA
No.: #:
SUB: 070 GENERAL Lab:
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186 DIFF 3 PARAMETER INSTRUMENT TEST

PRO	WBC	S/I	202152z	2021522z	2021523x	2021524x	2021525x
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
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TEST	PRO	M/S	2021-521	2021-522	2021-523	2021-524	2021-525	
549 RBC	___	___	_____	_____	_____	_____	_____	MILLION/UL
550 HCT	___	___	_____	_____	_____	_____	_____	
551 HEMOGLOBIN	___	___	_____	_____	_____	_____	_____	G/DL
552 WBC	___	___	_____	_____	_____	_____	_____	THOUSAND/UL

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

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SUB: 070 GENERAL Lab:
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Date: _____

TEST	PRO	M/S	2021-521	2021-522	2021-523	2021-524	2021-525	
553 PLATELET	_____	_____	_____	_____	_____	_____	_____	THOUSAND/UL

DATE: _____ SIGNATURES: _____

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SUB: 070 GENERAL Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	M/S	2021-531	2021-532	2021-533	2021-534	2021-535	
149 RETICULOC.	_____	_____	_____	_____	_____	_____	%

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	M/S	2021-541	2021-542	2021-543	2021-544	2021-545
153 SED. RATE	_____	_____	_____	_____	_____	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

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SUB: 070 GENERAL Lab:
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Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	M/S	REA	2021-551	2021-552	2021-553	2021-554	2021-555	
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: 075 BODY FLUID Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	2021-561	2021-562	2021-563	2021-564	2021-565	
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: 06-07-2021
Report Date: 06-25-2021
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
2021-571	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2021-572	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2021-573	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2021-574	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	+ 0	_____	_____
2021-575	+ 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: 06-07-2021
Report Date: 06-25-2021
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
2021-581	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-582	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-583	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-584	1. 4 GRADE C	_____	_____	_____	_____	_____
	2. 20 GRADE C	_____	_____	_____	_____	_____
	3. 37 GRADE C	_____	_____	_____	_____	_____
2021-585	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: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

179 DIRECT ANTIGLOBULIN (COOMBS)

SAMPLE No.	R E S U L T C O D E
2021-291	_____
2021-292	_____
2021-293	_____
2021-294	_____
2021-295	_____

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 30 IMMUNOHEMATOLOGY Lic. No.: CLIA #:
SUB: 100 COMPATIBILITY TESTING Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
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 # 2021-591	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-592	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-593	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-594	_____	_____	_____	_____	_____	_____
PATIENT PLASMA A-DONOR CELLS						

CROSSMATCHING # 2021-595	_____	_____	_____	_____	_____	_____
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: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

ANTIBODY IDENTIFICATION TESTING

PATIENT PLASMA No.	CODE	DESCRIPTION
2021-591		
2021-592		
2021-593		
2021-594		
2021-595		

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____

SP: 40 IMMUNOLOGY Lic. No.: CLIA #:
SUB: 120 GENERAL Lab:
Shipping Date: 06-07-2021
Report Date: 06-25-2021
Receiving Date: _____ ,

TEST	MET	2021-601	2021-602	2021-603	2021-604	2021-605
093 HIV	_____	_____	_____	_____	_____	_____
096 HBsAG	_____	_____	_____	_____	_____	_____
097 antiHBC	_____	_____	_____	_____	_____	_____
171 HCV Hep C	_____	_____	_____	_____	_____	_____
181 HAV Total	_____	_____	_____	_____	_____	_____
182 HBsAb	_____	_____	_____	_____	_____	_____
183 HAV IgM	_____	_____	_____	_____	_____	_____

RESULT CODES DESCRIPTION:

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

DATE: _____ SIGNATURES: _____

DIRECTOR'S SIGNATURE: _____