



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
NATIONAL REFERENCE LABORATORY
EAST AVENUE MEDICAL CENTER
ISO/IEC 17025 ACCREDITED TESTING LABORATORY
TESTING. ASSURING. LEADING.



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PROFICIENCY TESTING PROGRAM FOR WATER TESTING LABORATORY REGISTRATION FORM

Instructions:

- Please fill up this form.
- This form should have been accomplished and registration fee paid in order to be included in the scheduled Proficiency Testing Program. The PT participation fee of P3, 000.00 should have been paid in advance to either thru postal money order (PMO), government check, manager's check or direct cash payment.

Make all PMO's, Manager's Check payable to: EAST AVENUE MEDICAL CENTER

Address: East Avenue, Diliman, Quezon City 1101

Sum of: Three thousand pesos

- Submit/Mail this form together with your registration fee to: **EVANGELINE R. CASTILLO, RMT**

National Reference Laboratory

East Avenue Medical Center

Diliman, Quezon City 1101

PT BATCH CODE NUMBER		WTL 20<u>15</u>		Cycle _____	
Name of Facility:		Accreditation No.:		Classification: <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Institution-based <input type="checkbox"/> Freestanding	
Head of Laboratory (HOL) <i>Surname, First Name, Middle Name</i>			Contact Information:		
			Telephone/Mobile No.:		Email address:
Complete mailing address of the Water Testing Laboratory:					
Number		Street			
City		Province		Region	
Contact information of the Water Testing Laboratory:					
Mobile No.:		Telephone No.:		Email Address:	
Test Method Used		<input type="checkbox"/> Multiple Tube Fermentation Technique <input type="checkbox"/> Membrane Filter Technique <input type="checkbox"/> Chromogenic Substrate Technique (Rapid Test Kit) Brand: _____			
Additional Comments/Remarks:					
Head of Laboratory					
(Signature over Printed Name)					
Mode of Payment:					
<input type="checkbox"/> Postal Money Order		Denominations <input type="checkbox"/> 1,000.00 <input type="checkbox"/> 500.00 <input type="checkbox"/> 100.00		No. of pieces _____ _____ _____	
<input type="checkbox"/> Check		Bank and Check No.:			PMO No. _____ _____ _____
<input type="checkbox"/> Cash Payment:		O.R. No.:		Date:	Amount Paid: