



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 DRUG SCREENING 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 (PT) Program. The PT participation fee of P1, 000.00 must be paid in advance to either thru postal money order (PMO), government check, manager's check or direct cash payment.

Make all PMO's payable to: **EAST AVENUE MEDICAL CENTER**

Address: **East Avenue, Diliman, Quezon City 1101**

Sum of: **One thousand pesos**

- Submit/Mail this form together with your registration fee to: **LEONARDO S. CADIENTE II**
National Reference Laboratory
East Avenue Medical Center
Diliman, Quezon City 1101

PT BATCH CODE NUMBER		SDTL 2017	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 Screening Drug Testing Laboratory:			
Number	Street		
City	Province	Region	
Contact information of the Screening Drug Testing Laboratory:			
Mobile No.:	Telephone No.:	Email Address:	
Test Method Used	<input type="checkbox"/> Immunoassay Test Kit	Brand	
	<input type="checkbox"/> Instrumented	Type of Instrument used:	Brand
Cut Off Value for Method	Methamphetamine (METH)	Tetrahydrocannabinol (THC)	
Additional Comments/Remarks:			
Head of Laboratory			
(Signature over Printed Name)			
Mode of Payment:			
<input type="checkbox"/> Postal Money Order	Denominations	No. of pieces	PMO No.
	<input type="checkbox"/> 1,000.00 <input type="checkbox"/> 500.00 <input type="checkbox"/> 100.00	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Check	Bank and Check No.:		Date:
<input type="checkbox"/> Cash Payment:	O.R. No.:	Date:	Amount Paid: