



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: **SHIELA FLOR P. SALO- AVILA, RMT**  
National Reference Laboratory  
East Avenue Medical Center  
Diliman, Quezon City 1101

<b>PT BATCH CODE NUMBER</b>		<b>WTL 20 <u>18</u></b>	<b>Cycle</b> ____
<b>Name of Facility:</b>		<b>Accreditation No:</b>	<b>Classification:</b> <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Institution-based <input type="checkbox"/> Freestanding
<b>Head of Laboratory (HOL)</b> <i>Surname, First Name, Middle Name</i>		<b>Contact Information:</b>	
		Telephone/Mobile No.:	Email address:
<b>Complete mailing address of the Water Testing Laboratory:</b>			
Number	Street		
City	Province	Region	
<b>Contact information of the Water Testing Laboratory:</b>			
Mobile No.:	Telephone No.:	Email Address:	
<b>Test Method Used</b>	<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)			
<b>Mode of Payment:</b>			
<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: