



Republic of the Philippines  
 Department of Health  
**NATIONAL REFERENCE LABORATORY**  
 East Avenue Medical Center



**PROFICIENCY TESTING PROGRAM FOR DRUG SCREENING LABORATORY  
 REGISTRATION FORM**

**Instructions:**

1. Please fill up this form.
2. 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, direct cash payment or LBC PESOPAK Door to Door Delivery.

Make all PMO's or Manager's Checks payable to: EAST AVENUE MEDICAL CENTER

Address: East Avenue, Diliman, Quezon City 1101

Sum of: One thousand pesos

3. Submit/Mail this form together with your registration fee to: **AUGOSTO A. MISOLAS**  
 National Reference Laboratory  
 East Avenue Medical Center  
 Diliman, Quezon City 1101, Tel# (02)930-7879

<b>PT BATCH CODE NUMBER</b>		<b>SDTL 20 19</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 Screening Drug Testing Laboratory:</b>			
Number	Street		
City	Province	Region	
<b>Contact information of the Screening Drug Testing Laboratory:</b>			
Mobile No. (Required!):	Telephone No.:	Email Address:	
<b>Test Method Used</b>	<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)			
<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: