



## PROFICIENCY TESTING PROGRAM FOR DRUG SCREENING LABORATORY REGISTRATION FORM

**Instructions:**

1. Please fill out this form. If to be computerize/ typewritten, **PLEASE PRINT IN A4 SIZE BOND PAPER.**
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 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)8930-7879

<b>PT BATCH CODE NUMBER</b>	<b>SDTL 20 <u>20</u></b>	<b>Cycle</b> ____	
<b>Name of Facility:</b>			
<b>Accred'n No:</b>	<b>Classification:</b> <input type="checkbox"/> Gov't <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>			
Level/ Building/ Number/ Street (Include Landmark if applicable)			
Municipality/ 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"/> LBC Pesopak Door to Door:	Name of Sender:	Tracking Number:	Amount Sent:
<input type="checkbox"/> Cash Payment:	O.R. No.:	Date:	Amount Paid: