



**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
NATIONAL REFERENCE LABORATORY
EAST AVENUE MEDICAL CENTER**



East Avenue, Diliman, Quezon City • (+632) 8 - 930 7879 • (+632) 8 - 930 7875 • (+632) 8 - 928 0611 loc. 601
contact@nrleamcdoh.org • <http://nrleamcdoh.org> • nrleamcdoh@yahoo.com

**PROFICIENCY TESTING PROGRAM FOR WATER TESTING LABORATORY
ACKNOWLEDGEMENT FORM**

Instructions:		
(1) Please read carefully the instructions.		
(2) Type or print entries.		
(3) Submit the completed acknowledgement and result form with the original signature of the signatories within two (2) weeks from receipt of the samples thru courier mail to: DR. JENNIFER C. DEODUCO-MERCADO, MMHoA, FPSP National Reference Laboratory East Avenue Medical Center Diliman, Quezon City 1101		
(4) Submit also thru online the completed result at http://nrleamcdoh.org You can also download PT forms at http://nrleamcdoh.org		
Name of Laboratory:		Laboratory ID Code:
Accreditation Number (Please indicate):		
Head of the Laboratory:		
Family Name	First Name	Middle Name
Complete mailing address of the Laboratory:		
Number	Street	
City	Province	Region
Tel Number:	Mobile Number:	E-mail address:

Please check the information on the status of sample received:

The samples were shipped with intact sealed mail pouch	___ Yes	___ No
Each sample vial is labeled legibly	___ Yes	___ No
Each sample vial is intact and free of contaminant.	___ Yes	___ No

In case you answered NO to any of the questions above, please call NRL-EAMC immediately at (632)8-9307879 and look for Ms Shiela Flor Avila or Maricar Aggarao to inform them of the condition of the samples.

Additional Comments/Remarks:		
This is to certify that the sample package was received in good condition as described above:	Time received by the Lab	Date received
(Signature over Printed Name of Receiving Person)		
Head of Laboratory		
(Original Signature over Printed Name)		