



**20__ PROFICIENCY TESTING PROGRAM FOR DRUG SCREENING LABORATORY
ACKNOWLEDGEMENT FORM**

Instructions:		
1. Please read instructions carefully. 2. Please type or print entries. 3. Send through courier/mail the originally signed result within 48 hours of receipt of samples to: JENNIFER D. MERCADO, MD, FPSP National Reference Laboratory East Avenue Medical Center East Avenue, Diliman, Quezon City 4. Submit PT result via the online submission portal at www.nrleamcdoh.org		
Name of Laboratory:		Laboratory ID Code:
Head of the Laboratory:		
<i>Surname</i>	<i>First name</i>	<i>Middle name</i>
Complete mailing address of the Laboratory:		
<i>Unit Number, House/Building/Street, Barangay</i>		
<i>City / Municipality</i>	<i>Province</i>	<i>Region</i>
<i>Telephone / Mobile Number</i>	<i>Fax Number</i>	<i>E-mail address</i>
Please check the information on the status of sample received:		
The samples were shipped with intact sealed mail pouch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each sample in the vial appears to be urine samples in color (yellow to orange)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each sample vial is labelled legibly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each sample vial is sealed tight	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each vial contains 3 mL sample	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In case you answered NO to any of the questions above, or for any discrepancy, please contact Ms. Evangeline R. Castillo at (02)930-7875, (02)930-7879, 09335629580 or 09666952397.		
Additional Comments/Remarks:		
This is to certify that the sample package was received in good condition as described above:	Time received at the laboratory	Date
(Signature over Printed Name of Receiving Person)		
Head of Laboratory		
(Signature over Printed Name)		

PT Document: NRL-PT-G-01-F6 Version 1