



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



Name of Laboratory:	Laboratory ID Code:
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PROFICIENCY TEST RESULT: 20 ___CYCLE ___

Date and time samples received at the laboratory	Time	Date	
Test Method Used	___ Immunoassay Test Kit	Brand	Lot No. & Expiry Date
	___ Instrumented	Type of Instrument used	Brand
Cutoff Value for Method	METHAMPHETAMINE (METH)	TETRAHYDROCANNABINOL (THC)	

No.	SAMPLE CODE	METHAMPHETAMINE (METH) Write POSITIVE or NEGATIVE	TETRAHYDROCANNABINOL (THC) Write POSITIVE or NEGATIVE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

LEGEND:
METH POSITIVE indicates presence of Methamphetamine at or above the detection cut-off of the test method used
NEGATIVE indicates concentration below this cut-off.
THC POSITIVE indicates presence of Tetrahydrocannabinol at or above the detection cut-off of the test method used
NEGATIVE indicates concentration below this cut-off.

Additional Comments/Remarks:

Analyst Training Certificate No.	Time Analyzed	Date Analyzed
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(Signature over Printed Name of Analyst)

Certified True and Correct:
Head of Laboratory & Training Certificate No. (if applicable)

(Signature over Printed Name)

PT Document: NRL-PT-G-01-F8 Version 1