



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



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

Name of Laboratory:	Laboratory ID Code:
Accreditation Number (Please indicate):	

PROFICIENCY TEST RESULTS: 20__ CYCLE 01

Date and time samples received	Time	Date	
Test Method Used	<input type="checkbox"/> Multiple Tube Fermentation Technique (MTFT)	Brand of Media Used: Presumptive: Confirmed:	Expiry Date
	<input type="checkbox"/> Membrane Filter (MF)	Brand of Media Used: Total Coliform Thermotolerant Coliform/ E.coli	Expiry Date
	<input type="checkbox"/> Chromogenic Substrate <input type="checkbox"/> Other method Indicate:	Brand of Test Kit Used:	Expiry Date

NO.	SAMPLE ID CODE	RESULTS	
		Total Coliform	Thermotolerant Coliform / E.coli
<i>Note: Indicate the correct unit of reporting according to the Method used</i>			
1			
2			
3			

REFERENCES: PHILIPPINE NATIONAL STANDARDS FOR DRINKING WATER 2017 (DOH AO # 2017-0010)
STANDARD METHODS FOR THE EXAMINATION OF WATER AND WASTEWATER 22nd Ed

Additional Comments/Remarks:		
(Analyst Training Cert number)	Time Analyzed	Date Analyzed
(Original Signature over Printed Name of Analyst)		
Certified True and Correct		Date
(Original Signature over Printed Name of Head of Laboratory)		