

PROFICIENCY TESTING PROGRAM FOR WATER TESTING LABORATORY



REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF HEALTH
NATIONAL REFERENCE LABORATORY
 EAST AVENUE MEDICAL CENTER
 ISO/IEC 17025 ACCREDITED TESTING LABORATORY
 TESTING. ASSURING. LEADING.



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REGISTRATION FORM

Instructions:			
1. Please fill up this form. 2. This form should have been accomplished and registration fee paid in order to be included in the scheduled Proficiency Testing Program. The PT participation fee of P3, 000.00 should have been paid in advance to either thru postal money order (PMO), government check, manager's check or direct cash payment.			
Make all PMO's, Manager's Check payable to: <u>EAST AVENUE MEDICAL CENTER</u> Address: <u>East Avenue, Diliman, Quezon City 1101</u> Sum of: Three thousand pesos			
3. Submit/Mail this form together with your registration fee to: SHIELA FLOR S. AVILA, RMT National Reference Laboratory East Avenue Medical Center Diliman, Quezon City 1101			
PT BATCH CODE NUMBER		WTL 20 <u>20</u>	
Cycle ____			
Name of Facility:		Accreditation No:	Classification: <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Institution-based <input type="checkbox"/> Freestanding
Head of Laboratory (HOL) <i>Surname, First Name, Middle Name</i>		Contact Information:	
		Telephone/Mobile No.:	Email address:
Complete mailing address of the laboratory:			
Number	Street		
City	Province	Region	
Contact Information of the laboratory:			
Mobile No.:	Telephone No.:	Email Address:	
Test Method Used	<input type="checkbox"/> Multiple Tube Fermentation Technique <input type="checkbox"/> Membrane Filter Technique <input type="checkbox"/> Chromogenic Substrate Technique (Rapid Test Kit) Brand:		
Additional Comments/Remarks:			
Head of Laboratory			
(Signature over Printed Name)			
Mode of Payment:			
<input type="checkbox"/> Postal Money Order	Denominations <input type="checkbox"/> 1,000.00 <input type="checkbox"/> 500.00 <input type="checkbox"/> 100.00	No. of pieces	PMO No.
<input type="checkbox"/> Check	Bank and Check No.:	Date:	
<input type="checkbox"/> Cash Payment:	O.R. No.:	Date:	Amount Paid: