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 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: **EAST AVENUE MEDICAL CENTER**
Address: **East Avenue, Diliman, Quezon City 1101**
Sum of: **Three thousand pesos**

3.Submit/Mail this form together with your registration fee to: **DR.JENNIFER C. DEODUCO-MERCADO, MMHoA, FPSP**
National Reference Laboratory
East Avenue Medical Center
Diliman, Quezon City 1101

PT BATCH CODE NUMBER	WTL 20 ____	Cycle ___

Name of Facility:	Accreditation No:	Classification: ☐ Government ☐ Private ☐ Institution-based ☐ Freestanding

Head of Laboratory (HOL) *Surname, First Name, Middle Name*	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	☐ Multiple Tube Fermentation Technique ☐ Membrane Filter Technique ☐ Chromogenic Substrate Technique (Rapid Test Kit) Brand:

Additional Comments/Remarks:

Head of Laboratory

(Signature over Printed Name)

Mode of Payment:

☐ Postal Money Order	Denominations ☐ 1,000.00 ☐ 500.00 ☐ 100.00	No. of pieces	PMO No.
☐ Check	Bank and Check No.:		Date:
☐ Cash Payment:	O.R. No.:	Date:	Amount Paid: