



PT Document No. NSD/PT-AF

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

EAST AVENUE, DILIMAN, QUEZON CITY 1101  
 Tel: (+632)435-7136; Fax: (+632)433-0673

[www.doh.gov.ph/nrl](http://www.doh.gov.ph/nrl)

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



**Instructions:**

- (1) Please type or print entries.
- (2) Please read carefully the instructions.
- (3) Please submit the completed result form within 48 hours of receipt of the samples thru mail to:  
**Dr. Socorro C. Yañez**  
 National Reference Laboratory  
 East Avenue Medical Center  
 East Avenue, Diliman, Quezon City 1101
- (4) **Submit Online** the completed result form within 48 hours to: [www.nrleamcdoh.org](http://www.nrleamcdoh.org)  
 You can also download PT forms at the above web address.

Name of Laboratory:	Laboratory ID Code:
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<b>Head of the Laboratory:</b>		
Family Name	First Name	Middle Name

<b>Complete mailing address of the Laboratory:</b>		
Number	Street	
City	Province	Region
Tel Number:	Fax Number:	E-mail address:

**Please check the information on the status of sample received:**

The samples were shipped with intact sealed mail pouch	___ Yes	___ No
Each sample in the vial appears to be urine samples in color (yellow to orange)	___ Yes	___ No
Each sample vial is labelled legibly	___ Yes	___ No
Each sample vial is sealed tight	___ Yes	___ No
Each vial contains 3 mL sample	___ Yes	___ No

**In case you answered NO to any of the questions above, please call NRL-EAMC immediately.**

**Look for Ms. Maricar B. Aggarao or Ms. Augusto B. Misolas at (02)433-06-73 or (02)4357136 to inform them of the condition of the samples as received.**

<b>Additional Comments/Remarks:</b>		
This is to certify that the sample package was received in good condition as described above:  (Signature over Printed Name of Receiving Person)	Time received by the Lab	Date received
Head of Laboratory  (Signature over Printed Name)		