



PT Document No. \_\_\_\_\_ PT-RF

REPUBLIC OF THE PHILIPPINES  
 DEPARTMENT OF HEALTH  
 EAST AVENUE MEDICAL CENTER  
**NATIONAL REFERENCE LABORATORY**  
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Name of Laboratory:	Laboratory ID Code:
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**PROFICIENCY TEST RESULTS: \_ \_ \_ \_ CYCLE \_ \_**

<b>Date and time samples received</b>	<b>Time</b>	<b>Date</b>	
<b>Test Method Used</b>	___ Immunoassay Test Kit	Brand	Lot No. & Expiry Date
	___ Instrumented	Type of Instrument used	Brand
<b>Cutoff Value for Method</b>	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:**

<b>Analyst Training Certificate No.</b>  (Signature over Printed Name of Analyst)	<b>Time Analyzed</b>	<b>Date Analyzed</b>
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Certified True and Correct

**Head of Laboratory & Training Certificate No. (if applicable)**  
  

(Signature over Printed Name of Head of Laboratory)