



PT Document No. _____ PT-RF

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF HEALTH
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Name of Laboratory:	Laboratory ID Code:
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PROFICIENCY TEST RESULTS: _ _ _ _ CYCLE _ _

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

Analyst Training Certificate No.	Time Analyzed	Date Analyzed
(Signature over Printed Name of Analyst)		

Certified True and Correct

Head of Laboratory & Training Certificate No. (if applicable)
(Signature over Printed Name of Head of Laboratory)