



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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Name of Laboratory:	Laboratory ID Code:
Accreditation Number (Please indicate):	

PROFICIENCY TEST RESULTS: _____ CYCLE ____

Date and time samples received	Time	Date	
Test Method Used	<input type="checkbox"/> Multiple Tube Fermentation Technique (MTFT)	Brand of Media Used: Presumptive: Confirmed:	Expiry Date
	<input type="checkbox"/> Membrane Filter (MF)	Brand of Media Used: Total Coliform Fecal Coliform	Expiry Date
	<input type="checkbox"/> Chromogenic Substrate	Brand of Test Kit Used:	Expiry Date

NO.	SAMPLE ID CODE	RESULTS	
		Total Coliform MPN or Colonies/mL used	E. Coli MPN or Colonies/mL used
1			
2			
3			

REFERENCES: PHILIPPINE NATIONAL STANDARDS FOR DRINKING WATER 2007 (DOH AO No 2007-0012)
STANDARD METHODS FOR THE EXAMINATION OF WATER AND WASTEWATER 22nd Ed

Additional Comments/Remarks:		
(Signature over Printed Name of Analyst)	Time Analyzed	Date Analyzed
Certified True and Correct		Date
(Signature over Printed Name of Head of Laboratory)		