



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

APPLICATION FOR LICENSE TO OPERATE A GENERAL CLINICAL LABORATORY

Name of Laboratory : _____
Address of Laboratory : _____
No. & Street _____ Barangay _____
City/ Municipality _____ Province _____ Region _____
Telephone/ Fax No. : _____
Head of the Laboratory : _____
Name of Owner : _____
Contact Number : _____

Classification According to

Ownership : Government Private
Function : Clinical Pathology Anatomic Pathology
Institutional Character : Institution Based Freestanding
Service Capability : Primary Secondary Tertiary Limited
Status of Application : Initial Renewal
License No. _____
Date Issued _____
Expiry Date _____

Checklist of Application Documents

Please tick (✓) the appropriate boxes under column B or C. Shaded Items are not required.

A Documents	B For Initial	C For Renewal
1. Notarized Application for License to Operate a Clinical Laboratory (this form)		
2. List of Personnel (attached form)		Submit changes only
3. Photocopies of the following: 3.1. Proof of qualification of the medical and paramedical staff ▪ Valid PRC ID ▪ Specialty Board Certificate of the medical staff ▪ Certificate of Training/ Record of Work Experience 3.2. Proof of employment of the medical, paramedical and administrative staff 3.3. Current Authority to Practice for government pathologists (AO No. 161 s. 2000)		
4. List of Equipment/ Instrument (attached Form)		Submit changes only
5. Health Facility Geographic Form (Location Map)		
6. SEC/ DTI Registration (for private clinical laboratories) OR Issuance or Board Resolution (for government clinical laboratories)		
7. Quality Manual of Clinical Laboratory (to be fully implemented by January 2009)		Submit changes only
8. Certificate of Participation in External Quality Assurance Program		

Acknowledgement

REPUBLIC OF THE PHILIPPINES)
CITY/ MUNICIPALITY OF _____) S.S.

I, _____, _____, of legal age, _____, a resident of
Name Civil Status Age
_____, after having been sworn in accordance with law hereby depose and
Address
say that I am executing this affidavit to attest to the completeness and truth of the foregoing information and the attached documents required for the Licensure and Regulation of Clinical Laboratories in the Philippines pursuant to Administrative Order No. 2007-0027 "Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines".

Signature

Before me, this _____ day of _____ 20__ in the City/ Municipality of _____,
Philippines, personally appeared

Owner

Community Tax Number

Issued at/ on

known to me to be the same person/s who executed the foregoing instrument and they acknowledge to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hands this _____ day of _____ 20__

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC
My Commission Expires
Dec. 31, _____

Form-GCL-LTO-A
Revision:01
12/03/2014
Page 2 of 5

APPLICATION AS HEAD OF CLINICAL LABORATORY

The Director
DOH-Regional Office
Department of Health

Sir,

In compliance with the requirements of Republic Act (RA) No. 4688 and Administrative Order (AO) No. 2007-0027, I have the honor to apply as head of:

Name of Clinical Laboratory

Address of Clinical Laboratory

I. Name of Applicant: _____
Landline No.: _____ Mobile No.: _____
Address: _____

II. Education and Training (Use additional sheets if necessary):
Medical School/ Institution _____
Inclusive Dates/ Year Graduated _____

Specialty Board	Date Certified	Training Institution
PBP ¹ Anatomic Pathology		
PBP Clinical Pathology		
PBP Anatomic and Clinical Pathology		
Others: Specify		

III. List all clinical laboratories supervised/ headed or associated with:

Name and Address of Clinical Laboratory	Working Time	Work Schedule
A. As Head		
B. As Associate		

I hereby certify that the foregoing statements are true. I assume full responsibility that the operation of the clinical laboratory is in accordance with the Rules and Regulations pursuant to RA 4688 and AO No. 2007-0027.

Signature over Printed Name

Date

¹ PBP – Philippine Board of Pathology

List of Personnel

Annex A

Name of Laboratory : _____
 Address of Laboratory : _____

Name	Designation/ Position	Highest Educational Attainment	PRC Reg. No.	Valid		Date of Birth (mm/dd/yr)	Signature
				From	To		

List of Equipment²

Annex B

Name of Laboratory : _____
Address of Laboratory : _____

Brand Name & Model	Serial No.	Quantity	Date of Purchase

² Equipment shall be functional and present in the clinical laboratory applying for license to operate.

