



### 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 Accreditation of Kidney Transplant Facility pursuant to Administrative Order No. 81 s. 2003 "Rules and Regulations Governing Accreditation of Hospitals Engaged in the Conduct of Kidney Transplantation".

\_\_\_\_\_  
*Signature*

Before me, this \_\_\_\_\_ day of \_\_\_\_\_ 2007 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 \_\_\_\_\_ 2007.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

NOTARY PUBLIC  
My Commission Expires  
Dec. 31. 200\_\_

### List of Personnel

Name of Hospital : \_\_\_\_\_  
 Address of the Hospital : \_\_\_\_\_

| Designation/ Position         | Name | Highest Educational Attainment | PRC Reg. No. | Valid |    | Signature |
|-------------------------------|------|--------------------------------|--------------|-------|----|-----------|
|                               |      |                                |              | From  | To |           |
| Transplant Surgeon            |      |                                |              |       |    |           |
| Donor Surgeon                 |      |                                |              |       |    |           |
| Nephrologist                  |      |                                |              |       |    |           |
| Infectious Disease Consultant |      |                                |              |       |    |           |
| Transplant Immunologist       |      |                                |              |       |    |           |
| Anesthesiologist              |      |                                |              |       |    |           |
| OR Nurses                     | 1    |                                |              |       |    |           |
|                               | 2    |                                |              |       |    |           |
|                               | 3    |                                |              |       |    |           |
|                               | 4    |                                |              |       |    |           |
| OR Surgical Technician        |      |                                |              |       |    |           |

### List of Equipment/ Instrument<sup>1</sup>

Name of Facility : \_\_\_\_\_  
 Address of the Facility : \_\_\_\_\_

| Item  | Brand Name & Model | Serial No. | Quantity | Date of Purchase |
|---|--------------------|------------|----------|------------------|
| Standard Laparotomy Set                                   |                    |            |          |                  |
| ▪ Retractors:   |                    |            |          |                  |
| - Deevers   |                    |            |          |                  |
| - Richardson  |                    |            |          |                  |
| - Army-Navy   |                    |            |          |                  |
| ▪ Clamps – curved and straight                            |                    |            |          |                  |
| ▪ Regular needle holders                                  |                    |            |          |                  |
| ▪ Metzenbaum scissors                                     |                    |            |          |                  |
| ▪ Mayo scissors   |                    |            |          |                  |
| ▪ Mixters – right angle clamps                            |                    |            |          |                  |
| ▪ Kidney basins   |                    |            |          |                  |
| Special Instruments                                       |                    |            |          |                  |
| ▪ Vascular clamps (at least 4) – peripheral and/or curved |                    |            |          |                  |
| ▪ Bulldog clamps – curved and straight                    |                    |            |          |                  |
| ▪ Vascular needle holders                                 |                    |            |          |                  |
| ▪ Vascular needle loops                                   |                    |            |          |                  |

<sup>1</sup> Equipment/ instrument should be present, functional, and owned by facility applying for accreditation.

|  |  |  |  |  |
|--|--|--|--|--|
| ▪ Rubber shods   |  |  |  |  |
| ▪ Balfour retractor/book walter retractor              |  |  |  |  |
| ▪ Back table (for kidney perfusion)                    |  |  |  |  |
| - Fine forceps   |  |  |  |  |
| - Fine scissors  |  |  |  |  |
| - Fine mosquito clamps                                 |  |  |  |  |
| - Perfusion cannula                                    |  |  |  |  |
| Equipment  |  |  |  |  |
| ▪ Standard OR table                                    |  |  |  |  |
| ▪ Anesthesia machine w/ capnograph                     |  |  |  |  |
| ▪ Pulse Oximeters                                      |  |  |  |  |
| ▪ Cardiac Monitor                                      |  |  |  |  |
| ▪ Electrocautery machine                               |  |  |  |  |
| Others   |  |  |  |  |
| ▪ Sutures – prolene 5-0, 6-0, PDS 6-0                  |  |  |  |  |
| ▪ Gelform/ Oxycel                                      |  |  |  |  |
| ▪ Xylocaine, Heparin, Papaverine, Mannitol, Furosemide |  |  |  |  |
| ▪ Refrigerator/freezer                                 |  |  |  |  |