

**APPLICATION FOR DOH ACCREDITATION AS A
NEWBORN SCREENING CENTER**

Date: _____

The Director
Bureau of Health Facilities and Development
Department of Health
Sta. Cruz, Manila

Sir:

I hereby apply for **ACCREDITATION** as a **NEWBORN SCREENING CENTER** (NSC) pursuant to the Implementing Rules and Regulations of R.A. 9288.

In this regard, I am submitting the following information:

(Fill up all items by writing down the answer and/or putting a check on the appropriate boxes.)

Name of Newborn Screening Facility : _____

Complete Address

Number : _____

Street : _____

Barangay/ District : _____

City/Municipality : _____

Province : _____

Region : _____

Telephone and/ or Fax Number : _____

E-mail Address : _____

Type of Ownership : Private []

Government :

National []

Local []

Others (*specify*) : _____

Name of Facility Owner : _____

Name of Facility Director/ : _____

Administrator : _____

Name of the Chairman of the Board : _____

(If Corporation)

Type of NSC : Institution based [] (*specify*): _____

: Free Standing []

Attached are the following documents:

(To submit complete documents.)

1. One (1) set of the facility's floor plans/layout indicating newborn screening area/s (please refer to Guidelines in the Planning and Design of NSCs)
2. Letter of Intent signifying willingness to:
- a. comply with the prescribed Technical and Administrative Manual of Standards/ Procedures for NBS, and
 - b. participate in Quality Assurance Program
3. Information Required from Applicants (max. 10 pages)
- a. Statement About Newborn Screening - Why set-up a NSC? Discuss your understanding about Newborn Screening in the Philippines and the components of the NSC.
 - b. Work Plan – Discuss your technical plan, methodology, including personnel, equipment, transport of samples, etc. for accomplishing the work.
 - c. Prior Experience (if applicable) – Discuss experience in performing high volume testing, experience with newborn screening testing and the methodology utilized, experiences in data entry and computerization.
 - d. Personnel – include number of professional personnel and analyst who will engage in the work with detailed job description and work experience that is relevant to newborn screening testing.
 - e. Flow of Operation – Discuss in detail the flow of work from sample receipt to release of results.
 - f. Follow-up – Discuss your follow-up program for positive screens and confirmed positive cases.
 - g. Network – Describe your network with government and non-government agencies.
 - h. Fund Management – What will be the mechanism for payment of tests and the procedure for allocation of money to the CHD and the Newborn Screening Reference Center?
 - i. Emergency Measures – Describe steps to be taken in case of service disruption due to power failure, courier or post office strike, equipment breakdown or in case of other man-made or natural disasters affecting newborn screening services.
4. Photocopy of current DOH License to Operate (LTO) for hospitals, infirmaries, birthing homes/ lying-in clinics or puericulture centers and laboratories.
5. List of Personnel (refer to attached form)
6. List of Equipment (refer to attached form)
7. List of Reagents/ Supplies (refer to attached form)

Very truly yours,

Signature Above Printed Name

Position

LIST OF PERSONNEL

Name of Facility : _____
 Complete Address : _____

Fill up all items by writing down the answer and/or putting a check on the appropriate boxes.

	POSITION	NAME	PRC No.	STATUS					TRAINING <i>(specify type of training attended)</i>	SIGNATURE
				Perman ent	Tempor ary	Casual	Contra ctual			
List of Personnel Involved with NBS										

Use additional sheets when necessary

Prepared by : _____
(signature over printed name)

Position : _____
 Date Accomplished : _____

LIST OF EQUIPMENT

Name of Facility : _____
 Complete Address : _____

Fill up all items by writing down the answer and/or putting a check on the appropriate boxes.

	ITEM AND SPECIFICATIONS	DATE ACQUIRED	SERIAL NO.	DATE IN USE	QTY	CONDITION			REMARKS
						New	Serviceable	Non-Serviceable	
List of Equipment/ Instrument/									

Use additional sheets when necessary.

Prepared by : _____
(signature over printed name)

Position : _____
 Date Accomplished : _____

LIST OF REAGENTS/ SUPPLIES

Name of Facility : _____
 Complete Address : _____

Fill up all items by writing down the answer and/or putting a check on the appropriate boxes.

	ITEM AND SPECIFICATIONS	DATE ACQUIRED	QTY	DATE OPENED	DATE OF EXPIRATION	Availability of Stocks (to last until . . .)	REMARKS
List of Reagents/ Supplies for NBS							

Use additional sheets when necessary.

Prepared by : _____
(signature over printed name)

Position : _____
 Date Accomplished : _____

Republic of the Philippines)
City/ Municipality of _____) S. S.

I, _____, _____, of legal
(Name) (Position)

age, _____, a resident of _____,
(Civil Status) (Home Address)

after having been sworn in accordance with law hereby depose and say that I am executing this affidavit to attest to the truth of the foregoing statements and the attached documents required for the Accreditation of a Newborn Screening Center pursuant to the Implementing Rules and Regulations of R.A. 9288 also known as the Newborn Screening Act of 2004.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 20____ at _____ by the above affiant with Community Tax Certificate No. _____ issued on _____ at _____.

NOTARY PUBLIC
My Commission Expires
December 31, 20____

Doc. No. _____ ;
Page No. _____ ;
Book No. _____ ;
Series of 20 _____ .