



Republic of the Philippines  
Department of Health  
Philippine Health Insurance Corporation and  
Research Institute for Tropical Medicine  
Antimicrobial Resistance Surveillance Program

## APPLICATION FOR ARSP ACCREDITATION OF BACTERIOLOGY LABORATORY

PT -

--	--	--	--

(ARSP Secretariat Use)

Date of Application (dd/mmm/yyyy)	Status of Application: (select appropriate) <input type="checkbox"/> New <input type="checkbox"/> Renewal
-----------------------------------	--

### PART I: HOSPITAL INFORMATION

Name of Hospital/Health Facility:			
Address:			
Number		Street	
		Barangay	
Municipality/City		Province	Region
		Zip Code	
Telephone No:		BHFS License Permit No:	
Facsimile No:		Validity Date: (dd/mmm/yyyy)	
Classification according to: (select appropriate)  <small>Based on DOH A.O. 2012-0012 "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines"</small>	Ownership <input type="checkbox"/> Government <input type="checkbox"/> Private		
	Functional Capacity*: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <small>*For General Hospitals only</small>		
Name of Hospital Director/Chief:			
Last Name		First Name	M.I.

### PART II: LABORATORY INFORMATION - BACTERIOLOGY SECTION

Classification according to Service Capability: (check appropriate)  <small>Based on DOH A.O. 2007-0027 "Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines"</small>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary				
Telephone No:	Telephone No (Direct Line):				
	Mobile No:				
Facsimile No:	Email Address:				
Name of Head of Laboratory:					
Last Name		First Name		M.I.	
Laboratory Staff	Name	Position Title	Educational Attainment	PRC No. / Validity	No. of years assigned in Bacteriology Section
1. Section Head					
2. Medical Technologist					
No. of Permanent Staff assigned in Bacteriology Section:					

#### ARSRL Contact Details:

☎: (02)88099763 | (02)88072631/32/37 local 243

✉: eqap@arsp.com.ph | 🌐: www.arsp.com.ph



Republic of the Philippines  
Department of Health  
Philippine Health Insurance Corporation and  
Research Institute for Tropical Medicine  
Antimicrobial Resistance Surveillance Program

## APPLICATION FOR ARSP ACCREDITATION OF BACTERIOLOGY LABORATORY

### PART III: TEST DONE IN BACTERIOLOGY LABORATORY (check appropriate)

☐ Gram's Staining

#### Culture (Isolation and Identification)

☐ Conventional

☐ Automated (Specify machine used): \_\_\_\_\_

#### Susceptibility Testing

☐ Disk Diffusion

☐ MIC

☐ E-Test

☐ Automated (Specify machine used): \_\_\_\_\_

#### Special Tests

☐ PCR

☐ Serotyping

☐ Other (Specify): \_\_\_\_\_

### PART IV: FEES (To be filled up by ARSRL Secretariat)

Please deposit payment of \_\_\_\_\_ to the indicated bank below. Enclose original deposit slip together with the application requirements. Official receipt shall be sent through courier together with the sample for Proficiency Testing.

Land Bank of the Philippines, Alabang Business Center Branch  
Account Name: Research Institute for Tropical Medicine  
Account Number: 3832-1001-36

O.R. Number

Date Deposit (dd/mmm/yyyy)

**Note:** If you do not receive an acknowledgement receipt within 3 weeks after submission of application form, please call ARSRL office at **(02) 8809-9763** or **(02) 8807-2630 local 243**.

### PART V: DECLARATION

I hereby certify that the foregoing statements are true. I hereby submit this application for accreditation under Antimicrobial Resistance Surveillance Program and agree to comply with the rules and regulation of ADMINISTRATIVE ORDER NO. 2015-0049.

Name in Print and Signature

Date

Head of Laboratory

Designation

PTR

### Checklist of Requirements

1. Floor plan of Bacteriology Section (Photocopy)
2. Pictures of Bacteriology Section
3. Hospital License to Operate (Photocopy)
4. Notarized affidavit of Undertaking signed by Hospital / Medical Director
5. Original Copy of deposit slip

#### ARSRL Contact Details:

☎: (02)88099763 | (02)88072631/32/37 local 243

✉: eqap@arsp.com.ph | 💻: www.arsp.com.ph