

## NATIONAL EXTERNAL QUALITY ASSESSMENT SCHEME FOR SEROLOGY REGISTRATION FORM

Check the box if:  New Participant  Old Participant / Renewal (Indicate SACCL Code: \_\_\_\_\_)

### LABORATORY INFORMATION

Name of Laboratory (as indicated in License to Operate/indicate branch if applicable): Telephone/Fax Nos.

Address: Zip code: Region:

Designated NEQAS Contact Person: Contact No.

Email address for Serology NEQAS:

### Clinical Laboratory Classification

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Free standing - Diagnostic                  | <input type="checkbox"/> SHC / RHU / CHO / PHO Laboratory          | <input type="checkbox"/> TB Dots Clinic |
| <input type="checkbox"/> Private Hospital - Diagnostic               | <input type="checkbox"/> Gov't Hospital - Diagnostic               | <input type="checkbox"/> Others: _____  |
| <input type="checkbox"/> Private Hospital - Diagnostic w/ Blood bank | <input type="checkbox"/> Gov't Hospital - Diagnostic w/ Blood bank |   |

Certifications/Accreditations:  ISO 15189:2013  ISO 9001:2015  Others: \_\_\_\_\_

### LABORATORY PERSONNEL

Name of Pathologist: Mobile No. & E-mail  
*(print name and signature)*

Name of Medical Technologist / Operator: Mobile No. & E-mail  
*(print name and signature/Indicate HIV Proficiency # if available)*

### TEST EVENT / ANALYTE

Check the EQAS analyte/s (test event) your laboratory will be participating in.	Method		2019 - Census		
			Total # of tests done	Total # of reactive (screening)	Total # of positive (confirmatory)
<input type="checkbox"/> HIV	<input type="checkbox"/> Rapid	<input type="checkbox"/> Immunoassay			
<input type="checkbox"/> HBV	<input type="checkbox"/> Rapid	<input type="checkbox"/> Immunoassay			
<input type="checkbox"/> HCV	<input type="checkbox"/> Rapid	<input type="checkbox"/> Immunoassay			
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Rapid	<input type="checkbox"/> Immunoassay			

*This laboratory agrees to abide by the rules of participation of the NRL EQAS.*

**CONFORME:**

(Signature over printed name of designated NEQAS contact person)

### PAYMENT DETAILS (For NRL SLH/SACCL USE ONLY)

Mode of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Deposit slip	Received by:	Date/Time Received:
OR Number:	Remarks:	
Amount:		

Reg form was hand carried  Reg form was delivered by courier  Online Registration Database: OASYS:



**NRL**  
SLH-SACCL

Department of Health / San Lazaro Hospital  
National Reference Laboratory for HIV/AIDS,  
Hepatitis B/C, and Syphilis  
STD AIDS Cooperative Central Laboratory

Bldg 17, San Lazaro Hospital  
Compound, Quiricada St., Sta  
Cruz, Manila, Philippines, 1003  
Mon - Fri, 8-4pm

Tel Nos: +63 2 87323776 / 53109528 /  
53109529 / 53105786 / Fax: +63 2 87114117  
www.nrlslhsaccl.com.ph  
saccl\_eqas@yahoo.com

## STEPS IN REGISTRATION

**STEP 1** Completely fill out NRL-SLH/SACCL 2020 EQAS REGISTRATION FORM. Check the analyte /test event your laboratory wants to participate in and take note of the registration fees:

One (1) analyte = **Php 2,500.00**    Two (2) or more = **Php 4,500.00**

**STEP 2** Pay directly to the San Lazaro Hospital cashier or through over-the-counter deposit at any LANDBANK branch using the details below:

Account Name:	SAN LAZARO HOSPITAL
Account Number:	1432-1001-18
LANDBANK branch:	Tayuman, Manila

\*Check payments must be PAID DIRECTLY to San Lazaro Hospital cashier or deposit directly to Landbank. NRL SLH/SACCL will no longer accept checks delivered through courier.

**STEP 3** Submit the **REGISTRATION FORM** , **PROOF OF PAYMENT** (ie. Official Receipt or deposit slip), and a copy of the laboratory's **LICENSE TO OPERATE (LTO)** to the NRL-SLH/SACCL processing.

**STEP 4** An email notification will be sent prior shipment of EQAS panels. Wait for any announcements at the official NRL-SLH/SACCL website and Facebook page.

**DEADLINE OF REGISTRATION is on MARCH 31, 2021. NO EXTENSION.**

### VERY IMPORTANT NOTES:

\*The NEQAS person-in-charge of your laboratory must assign an email address to be used only for the Serology NEQAS OASYS account.

\*Secure duplicate copies of the registration form, official receipts, and deposit slips.

\*Incomplete requirements will not be accepted.

\*ONLY participating laboratories with SATISFACTORY and UNSATISFACTORY 2019 EQAS results will be notified to submit a CORRECTIVE ACTION Form.

\*Laboratories who will fail to encode their results online will not receive a certificate of proficiency.

\*Any refunds (eg. overpayment) shall be processed by any representative of the participating laboratory at the San Lazaro Hospital cashier.

\*For further inquiries, kindly contact NRL SLH/SACCL at these numbers: 02-53109528 to 29 or email at [saccl\\_eqas@yahoo.com](mailto:saccl_eqas@yahoo.com)



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