



**Training Application Form-1  
HIV Proficiency**

**Laboratory's Profile**

Title of training course applied for:		
Purpose of applying for the training:		
Name of agency & address:		Tel. no.:
		Fax:
		Email:
Name of the head of the agency:		Designation:
Ownership <input type="checkbox"/> Government <input type="checkbox"/> Private	Institutional Character <input type="checkbox"/> Institution based <input type="checkbox"/> Free-standing	Service Capability <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
Licensed to operate Yes                      No	HIV Accredited Yes                      No	Purpose of HIV testing <input type="checkbox"/> Diagnosis <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Employment
Give a brief description of work and services that your laboratory department it provide:		
<b>Number of HIV Proficient MT in your laboratory:</b>		
Name	HIV Prof. Cert. no. / Date issued	Trainer (Ex: _BRL, _RITM, _SACCL)
<b>HIV testing laboratory capability:</b>		
Please, check if any of the if: HIV-Ab testing PA      Others Rapid EIA	Brands of reagents used	Ave. Number of specimens done/month
Syphilis testing RPR      Others TPPA/TPHA		
Hepatitis B testing Rapid      Others EIA		
Hepatitis C testing Rapid      Others EIA		
Enumerate name of agencies that your laboratory you cater:		

Republic of the Philippines  
Department of Health



National Reference Laboratory for HIV/AIDS for Hepatitis B/C and other STIs  
San Lazaro Hospital-STD AIDS Cooperative Central Laboratory  
Quiricada St., Sta. Cruz, Manila Tel Nos: (632)3109528 to 29, Fax No: (632)711-4117  
Website: nrlslhsaccl.com.ph Email: nrlhivtraining@gmail.com



2 x 2  
picture

Surname		First Name		MI	
Age/Sex	Date of Birth	PRC License/Expiry Date	Religion		
Home Address:		Tel. No. Mobile Number: Email Address:			
<b>Educational Background</b>					
Institution	Address		Years Attended	Degree Earned	
<b>Trainings attended related to HIV/STD for the past 5 years (use separate sheet if necessary)</b>					
Name of employer		Date of service		Position	

I accept that after the training, I agree:

1. to carry out such instructions and abide by the conditions as maybe stipulated by both the nominating agency and by the training institution;
2. to follow the course of the training and abide the rules of the training institution which I undertake to train;
3. to transfer the technology learned to my colleague and to remain in my agency for a period that I and my nominating agency have agreed upon;
4. to return to my \_\_\_\_\_ (agency) as soon as training ceases.

Date: \_\_\_\_\_

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### REQUIREMENTS FOR HIV PROFICIENCY TRAINING

1. Accomplished application form provided by the NRL-SACCL/SLH;
2. Photocopy of renewed PRC ID;
3. Letter of endorsement from pathologist or head of the agency and certifying that he/she is a practicing medical technologist in the laboratory for at least 6 months;
4. Photocopy of renewed license (or its receipt) to operate a clinical laboratory and/or Blood Bank;
5. Training fee of Php 18,000/ participant to be paid directly at San Lazaro Hospital cashier or deposit to:

Account Name: **SAN LAZARO HOSPITAL**

Account Number: **1432-1044-15**

Bank Name: **Landbank (Tayuman Branch)**

Submit all the requirements by mail at:

National Reference Laboratory for HIV/AIDS, Hepatitis and other STIs  
STD/AIDS COOPERATIVE CENTRAL LABORATORY  
Bldg. 17, San Lazaro Compound, Quiricada St., Sta. Cruz, Manila 1003

For inquiry, please contact training coordinator at the following numbers:  
Tel: 309-9528 / 309-9529 / 732-3776 loc 207 Fax No: 711-4117

Or send your queries at:

Email: [nrlhivtraining@gmail.com](mailto:nrlhivtraining@gmail.com)