



**Certified rHIVda Confirmatory Laboratory (CrCL)
 RENEWAL APPLICATION FORM**

Laboratory Information	Name of Laboratory Facility :		
	Complete Address :		
	Name of Owner (if privately owned) :		
	Classification of Laboratory : <input type="checkbox"/> Government <input type="checkbox"/> Private		
	Type of Laboratory : <input type="checkbox"/> Free-standing <input type="checkbox"/> Institution- based <input type="checkbox"/> Treatment Hub <input type="checkbox"/> Social Hygiene Clinic <input type="checkbox"/> Others		
	Licenses :		
		Registration/Certification Number	Validity Date
	License to operate (LTO)		
CrCL certification			
Personnel		Name	Mobile Number
	Head of Laboratory		
	Registered Medical Technologist		
	Quality Officer/Senior Medical Technologist		
	Encoder		
Information Updates	Kindly indicate additional information as appropriate:		
	Change/ Additional personnel and position		
	Change in location	Separate area _____ Separate room _____ Separate section _____ Incorporated within section _____ Separate building _____ New address _____	
Name of Applicant:			
	_____ Signature over Printed Name (Head of the Laboratory)	_____ Signature over Printed Name (Chief/Senior Medical Technologist)	
Date of Application:			