

Annex B.3 Checklist of PhilHealth Konsulta Laboratories and Diagnostic Services

Name of Facility: _____

Address: _____

Date of Assessment: (MM/DD/YY) _____

Address: _____

Name of Referral Facility (if applicable): _____ License Number: _____

Type of Health Facilities: PhilHealth accredited L1, L2, and L3 hospitals Laboratory

Ownership of Health Facility: Government Private

* If multiply, attach additional sheets

List of PhilHealth Konsulta Laboratory and Diagnostic Services

Y	N	Diagnostic	Remarks
		CBC w/ platelet count	
		Urinalysis	
		Fecalalysis	
		Sputum Microscopy	
		Fecal Occult Blood	
		Pap smear	
		HBA1C	
		Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)	
		FBS or RBS	
		Oral Glucose Tolerance Test	
		Creatinine	
		ECG	
		Chest X-Ray	

Prepared by: _____

(Designation)

Attested correct by: _____

Head of Facility/ Medical Director/ Chief of Hospital
(Signature over printed name and date signed)