

# Annex A. Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories

## Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories

1. All currently accredited health facilities with valid DOH license for SARS-CoV-2 testing laboratory do not need to apply for accreditation. PhilHealth shall automatically include the said service in their accreditation records with validity starting on the date that the DOH granted its license. Accredited testing laboratory for SARS-CoV-2 in currently accredited health facility shall submit a fully accomplished Auto Credit Payment System (ACPS) form ONLY IF payment for the laboratory benefit shall be separate from regular claims of the accredited health facility.
2. Requirements for non-hospital-based testing laboratory for SARS-CoV-2 or laboratory of a non-accredited health facility:
  - a. A valid DOH license as SARS-COV-2 testing laboratory
  - b. Accomplished Provider Data Record
  - c. Performance Commitment (signed on each page)
  - d. Fully accomplished Auto Credit Payment System (ACPS) form
3. All requirements for accreditation of testing laboratories mentioned in No. 2 shall be scanned and emailed to the respective PhilHealth Regional Offices. The Provider Data Record, Performance Commitment, and the ACPS forms can be downloaded at <https://www.philhealth.gov.ph/downloads/>.

PRO	Email address	Name
1	accre.pro1@philhealth.gov.ph	PRO1- Accreditation
2	accre.pro2@philhealth.gov.ph	PRO2 - Accreditation
3	accre.pro3@philhealth.gov.ph	PRO3 - Accreditation
4A	accre.pro4a@philhealth.gov.ph	PRO4A - Accreditation
4B	accre.pro4b@philhealth.gov.ph	accre.pro4b
5	accre.pro5@philhealth.gov.ph	PRO5 - Accreditation
6	accre.pro6@philhealth.gov.ph	PRO6 - Accreditation
7	accre.pro7@philhealth.gov.ph	PRO7 - Accreditation
8	accre.pro8@philhealth.gov.ph	PRO8 - Accreditation
9	accre.pro9@philhealth.gov.ph	accre.pro9
10	pro10aqas@gmail.com	Philhealth Accre
11	philhealthdavao.aqas@gmail.com	philhealthdavao.aqas
12	accre.pro12@philhealth.gov.ph	PRO12 - Accreditation
CARAGA	accre.procaraga@philhealth.gov.ph	PROCARAGA - Accreditation
BARMM	accre.proarmm@philhealth.gov.ph	accre.proarmm
CAR	accre.procar@philhealth.gov.ph	PROCAR - Accreditation
NCR	proncr.hcdmd@yahoo.com	PRO NCR HCDMD

4. The validity of accreditation of DOH-licensed stand-alone SARS-CoV-2 laboratories health facilities applying for initial accreditation or reaccreditation due to gap in the previous accreditation shall be from the date of submission of the complete application and ends on December 31 of the current year. Further, the validity of accreditation of health facilities applying for continuous accreditation is from January 1 to December 31 of the current year.

Source: PhilHealth Accreditation Department as of September 22, 2021

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## Annex B. Sub-groups of at-risk individuals for SARS-CoV-2 testing

### Sub-groups of at-risk individuals for SARS-CoV-2 testing

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The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:

- a. **Subgroup A:** Individuals with severe/critical symptoms, relevant history of travel and/or contact;
- b. **Subgroup B:** Individuals with mild symptoms and relevant history of travel and/or contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19;
- c. **Subgroup C:** Individuals with mild symptoms, and relevant history of travel and/or contact;
- d. **Subgroup D:** Individuals with no symptoms but with relevant history of travel and/or contact or high risk exposure. These include:
  - i. Subgroup D1: Contact-traced individuals;
  - ii. Sub-group D2: Healthcare workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system. The frequency of testing shall be as follows:
    1. Healthcare workers with high COVID-19 exposure and who live or work in Special Concern Areas may be tested up to once a week, as determined by the Infection Prevention and Control Committee of the facility.
    2. Healthcare workers with high COVID-19 exposure and who live or work outside Special Concern Areas may be tested up to once every two weeks, as determined by the Infection Prevention and Control Committee of the facility.
    3. Healthcare workers who do not have high COVID-19 exposure and who live or work in Special Concern Areas may be tested every two to four weeks as determined by the Infection Prevention and Control Committee of the facility.

In this regard, healthcare workers who are directly working or have direct involvement in COVID-19 care (e.g. nurses, doctors, or any staff working at COVID-19 facilities, hospital wards, emergency rooms, isolation facilities, or quarantine facilities, and laboratory technicians and pathologists at COVID-19 testing facilities) are considered to have high COVID-19 exposure.

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)



- iii. Sub-group D3: Returning Overseas Filipino Workers, who shall immediately be tested at the port of entry;
  - iv. Sub-group D4: Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to existing protocols of the IATF.
- e. **Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:
- i. Sub-group E1: Those with high or direct exposure to COVID-19 regardless of location may be tested to once a week. These include the following:
    1. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and Nationally-managed);
    2. Personnel serving at the COVID-19 swabbing center;
    3. Contact tracing personnel; and
    4. Any personnel conducting swabbing for COVID-19 testing.
  - ii. Sub-group E2: Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested to every two to four weeks. These include the following:
    1. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
    2. National/Regional/Local Risk Reduction and Management Teams;
    3. Officials from any local government/city/municipality health office (CEDSU, CESU, etc.);
    4. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
    5. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
    6. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
    7. Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and



8. Social workers providing amelioration and relief assistance to communities and performing COVID-19 related tasks.

f. **Subgroup F:** Other vulnerable patients and those living in confined spaces. These include, but are not limited to:

- i. Pregnant patients who shall be tested during the peripartum period;
- ii. Dialysis patients;
- iii. Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system;
- iv. Patient undergoing chemotherapy or radiotherapy;
- v. Patients who will undergo elective surgical procedures with high risk for transmission;
- vi. Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months;
- vii. Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.

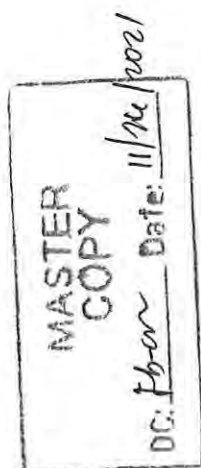
Individuals falling under (i) to (vi) above shall be tested at the discretion of the attending physician, following the existing guidelines of their respective professional or medical societies. Meanwhile, testing of individuals classified as (vii) above is mandatory prior to admission into the facility.

g. **Sub-group G:** Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s. 2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.

h. **Sub-group H:** Frontliners in Tourist Zones:

- i. Sub-group H1: All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks.
- ii. Sub-group H2: All travelers, whether of domestic or foreign origin, may be tested at least once, **at their own expense**, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)



- i. **Sub-group I:** All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested regularly.

In order to re-open the economy safely, the covered economic zone employees may be tested every quarter.

The Department of Trade and Industry (DTI), in coordination with the Philippine Economic Zone Authority (PEZA) and the freeport and special economic zone administrators, may include other priority sectors or economic zones within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the above government agencies may deprioritize or remove sectors from this list at their discretion.

- j. **Sub-group J:** Economy Workers

- i. Sub-group J1: Frontline and Economic Priority Workers, defined as those (1) who work in high priority sectors, both public and private, (2) have high interaction with and exposure to the public, and (3) who live or work in Special Concern Areas, may be tested every three months. These workers include, but are not limited to:

1. Transport and Logistics
  - a. Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses, Public Transport Vehicles
  - b. Conductors
  - c. Pilots, Flight Attendants, Flight Engineers
  - d. Rail operators, mechanics, servicemen
  - e. Delivery staff
  - f. Water transport workers — ferries, inter island shipping, ports
2. Food Retail
  - a. Waiters, Waitresses, Bar Attendants, Baristas
  - b. Chefs and Cooks
  - c. Restaurant Managers and Supervisors
3. Education — once face to face classes resume
  - a. Teachers at all levels of education
  - b. Other school frontliners such as guidance counselors, librarians, cashiers
4. Financial Services
  - a. Bank Tellers
5. Non – Food Retail
  - a. Cashiers
  - b. Stock clerks
  - c. Retail salespersons





6. Services
  - a. Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
  - b. Embalmers, Morticians, Undertakers, Funeral Directors
  - c. Parking Lot Attendants
  - d. Security Guards
  - e. Messengers
  - f. Ushers, Lobby Attendants, Receptionist
  - g. Clergy
7. Market Vendors
8. Construction
  - a. Carpenters
  - b. Stonemasons
  - c. Electricians
  - d. Painters
  - e. Construction workers, including Foremen, Supervisors
  - f. Civil Engineers, Structural Engineers, Construction Managers
  - g. Crane and Tower operators
  - h. Elevator installers and repairers
9. Water Supply, Sewerage, Waste Management
  - a. Plumbers
  - b. Recycling and Reclamation workers/Garbage Collectors
  - c. Water/Wastewater engineers
  - d. Janitors and cleaners
10. Public Sector
  - a. Judges
  - b. Courtroom clerks, staff and security
  - c. All national and local government employees rendering frontline services in Special Concern Areas
11. Mass Media
  - a. Field reporters, photographers, and cameramen

The DTI and the Department of Labor and Employment, may designate other frontline and economic priority workers within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the relevant government agencies may deprioritize or remove jobs from this list at their discretion.

In order to re-open the economy safely, frontline and economic priority workers may be tested once every quarter.



- ii. Sub-group J2: All other employees not covered above are not required to undergo testing but are encouraged to be tested every quarter. Private sector employers are highly encouraged to send their employees for regular testing at the employers' expense in order to avoid lockdowns that may do more damage to their companies.



SARS-CoV-2 CLAIMS SUMMARY FORM

Name of the PhilHealth accredited SARS-CoV-2 testing laboratory: \_\_\_\_\_  
PhilHealth Accreditation Number (PAN): \_\_\_\_\_

Address: \_\_\_\_\_

No.	PATIENT INFORMATION					PIN	MEMBER INFORMATION				Sub-groups of at-risk individuals (A, B, C, D1, D2, etc.)	Date of specimen collection (mm/dd/yyyy)	Date of running the PCR test (mm/dd/yyyy)	Services covered by PhilHealth (1, 2, 3, 4, 5)	Test results (pos/neg)	Test kit donated (Y/N)	Package code	Total actual charges to patient (Php)	Amount after application of discounts/deductions (senior citizen persons with disability, guarantee letter, etc.)	PhilHealth benefit package amount	Claims Investigation Form (Attachment URL)	Itemized billing statement (Attachment URL)
	Last name	First name	Name extension	Middle name	Date of birth (mm/dd/yyyy)		Last name	First name	Name extension	Middle name												
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						

I certify that services rendered were recorded in the patients' health records and health care provider records and that herein information given, as well as the items and package amounts indicated, are true and correct.

Prepared by:

Approved by:

Signature over printed name of the authorized signatory of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

Date signed

Signature over printed name of the Head of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

Date signed

<p><b>I. Indicate the corresponding letter of the subgroups in the item for "Subgroup"</b></p> <p><b>Sub-groups of at-risk individuals for SARS-CoV-2 testing</b></p> <p>Refer to the current DOH guidelines on sub-groups of at-risk individuals for SARS-CoV-2 testing</p>	<p><b>II. Indicate the corresponding number in the column "Services covered by PhilHealth"</b></p> <p><b>Services covered by PhilHealth:</b></p> <ol style="list-style-type: none"> <li>1 Screening</li> <li>2 Specimen collection</li> <li>3 Specimen handling</li> <li>4 Conduct of RT-PCR testing</li> <li>5 Analysis and reporting of results</li> </ol>	<p><b>III. Indicate the SARS-CoV-2 testing package availed of in the column "Package code"</b></p> <table border="0"> <tr> <td data-bbox="1444 973 1736 1093"> <p><b>SARS-CoV-2 testing packages:</b></p> <p><b>C19T1</b> All services and supplies for the testing are procured and provided by the testing laboratory</p> <p><b>C19T2</b> Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are</p> <p><b>C19T3</b> Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are</p> </td> <td data-bbox="1736 973 2058 1093"> <p><b>C19X1</b> All services and supplies for the testing are procured and provided by the testing laboratory</p> <p><b>C19X2</b> PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government</p> <p><b>C19X3</b> PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government</p> </td> </tr> </table>	<p><b>SARS-CoV-2 testing packages:</b></p> <p><b>C19T1</b> All services and supplies for the testing are procured and provided by the testing laboratory</p> <p><b>C19T2</b> Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are</p> <p><b>C19T3</b> Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are</p>	<p><b>C19X1</b> All services and supplies for the testing are procured and provided by the testing laboratory</p> <p><b>C19X2</b> PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government</p> <p><b>C19X3</b> PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government</p>
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<p>The information contained in the SARS-CoV-2 claims summary form shall be used for the purpose of verifying the veracity of the claims to effect efficient processing of benefit payment. Further, information contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.</p> <p>Note: Donated test kits should only be claimed either package codes C19T2 or C19T3 and C19X2 or C19X3.</p> <p style="text-align: right;">Page 1 of 1 of Annex C.</p>				

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Waiver for Directly Filed Claims for  
SARS-CoV-2 Testing Package

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]  
SARS-CoV-2 Test Waiver

This waiver (original, photocopy or printed scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of specimen collection for directly filed claims for SARS-CoV-2 testing package.

\_\_\_\_\_  
Date

To PhilHealth:

This is to certify that based on our records, \_\_\_\_\_,  
Patient's last name, first name, name extension, middle name

who belongs to sub-group \_\_\_\_\_ based on DOH DM No. 2020-0258-A, was tested for  
SARS-CoV-2 at \_\_\_\_\_,  
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on \_\_\_\_\_  
Date/s of specimen collection (mm/dd/yyyy)

was charged for the services included in the benefit package for SARS-CoV-2 testing.

All charges to the amount of \_\_\_\_\_  
Amount in words

(Php \_\_\_\_\_) were fully paid by the patient/member under Official Receipt No/s.

\_\_\_\_\_  
The PhilHealth benefit was not availed of or was not deducted from the actual charges for the following  
reason/s:

\_\_\_\_\_  
Reason/s

With this waiver, the \_\_\_\_\_ will not file reimbursement  
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

from PhilHealth for the benefit package for SARS-CoV-2 testing.

This waiver is being issued upon the request of \_\_\_\_\_  
Patient's/member's last name, first name, name extension, middle name

for whatever legal purpose it may serve.

\_\_\_\_\_  
Signature over printed name of the authorized testing laboratory/HCP representative

\_\_\_\_\_  
Designation of the authorized testing laboratory/HCP representative

\_\_\_\_\_  
Date signed

Conforme:

\_\_\_\_\_  
Signature over printed name of the patient/member/authorized representative

\_\_\_\_\_  
Date signed

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DC: FB en Date: 11/26/2021

**Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test**

**Annex E. Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test and instruction for the facility**

**[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY]**

This form if accomplish in the swabbing center, shall be forwarded to the accredited testing laboratory, which will be submitted together with other required documents for claims filing. The claims should be filed within 60 days (unless covered by a specific policy i.e., fortuitous events) from the date of specimen collection.

\_\_\_\_\_  
Date

To PhilHealth:

This is to certify that based on our records, \_\_\_\_\_,  
Patient's last name, first name, name extension, middle name

who belongs to sub-group \_\_\_\_\_ based on DOH DM No. 2020-0258-A, was tested for SARS-CoV-2

at \_\_\_\_\_,  
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on \_\_\_\_\_ and incurred the following charges:  
Date/s of specimen collection (mm/dd/yyyy)

Place a (✓) in the appropriate tick box

- ☐ No charge to patient  
☐ If with actual charges, indicate the following:

Item	Amount (Php)
Total actual charges	
Amount after application of discounts/deductions (senior citizen persons with disability, guarantee letter, etc.)	
PhilHealth benefit package amount	

Official receipt no./s \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of the authorized testing laboratory/HCP representative

\_\_\_\_\_  
Designation of the authorized testing laboratory/HCP representative

\_\_\_\_\_  
Date signed

Conforme:

\_\_\_\_\_  
Signature over printed name of the member/patient/ authorized representative

\_\_\_\_\_  
Date signed

Relationship of the representative to member/patient	<input type="checkbox"/> Spouse <input type="checkbox"/> Siblings	<input type="checkbox"/> Child <input type="checkbox"/> Parent	<input type="checkbox"/> Others, specify _____
Reason for signing on behalf of the member/patient	<input type="checkbox"/> Patient is incapacitated <input type="checkbox"/> Other reasons: _____		

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Annex E. Certificate of  
classification of at-risk  
individuals and actual charges  
for SARS-CoV-2 test and  
instruction for the facility

Certificate of classification of at-risk individuals and  
actual charges for SARS-CoV-2 test

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]

This form if accomplish in the swabbing center, shall be forwarded to the accredited testing laboratory,  
which will be submitted together with other required documents for claims filing. The claims should  
be filed within 60 days (unless covered by a specific policy i.e., fortuitous events) from the date of  
specimen collection.

Date

To PhilHealth:

This is to certify that based on our records,

Patient's last name, first name, name extension, middle name

who belongs to sub-group based on DOH DM No. 2020-0258-A, was tested for SARS-CoV-2

at

Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on and incurred the following charges:

Date/s of specimen collection (mm/dd/yyyy)

Place a (✓) in the appropriate tick box

- ☐ No charge to patient  
☐ If with actual charges, indicate the following:

Item	Amount (Php)
Total actual charges	
Amount after application of discounts/deductions (senior citizen persons with disability, guarantee letter, etc.)	
PhilHealth benefit package amount	

Official receipt no./s

Signature over printed name of the authorized testing laboratory/HCP representative

Designation of the authorized testing laboratory/HCP representative

Date signed

Conformer:

Signature over printed name of the member/patient/ authorized representative Date signed

Relationship of the representative to member/patient	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others, specify _____
Reason for signing on behalf of the member/patient	<input type="checkbox"/> Patient is incapacitated <input type="checkbox"/> Other reasons:

The swabbing centers/testing  
laboratories shall indicate the  
date of specimen collection

The swabbing centers/testing  
laboratories/patient shall  
indicate the complete name of  
the patient following the  
format provided

The swabbing centers/testing  
laboratories shall indicate the  
applicable sub-group of the  
patient based on the DOH  
guidelines

The testing laboratories shall  
indicate the name facility  
where the RT-PCR test was  
conducted

The swabbing centers/testing  
laboratories shall indicate the  
date of specimen collection

- The testing laboratories shall  
accomplish the following:
- Tick box for charge/no  
charge
  - If with charges, accomplish  
the table accordingly
  - Official receipt no./s
  - Signature over printed  
name and designation of  
the authorized /  
representative
  - Date signed

- The patient/representative  
shall:
- Write and affix his/her  
signature over the name.
  - Write the date when this  
was signed.
  - If the patient is unable to  
sign, tick the appropriate  
box

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Annex F. Template of  
Utilization Report of  
Donated Kits

Name of laboratory: \_\_\_\_\_

PhilHealth Accreditation No. \_\_\_\_\_

Utilization Report Donated Test-kits Received  
Applicable Quarter: October to December of CY 2021

Date received	Name of Donor		Test-kits received		Test-kits utilized		Balance	
			No.	No. of tests capable	No.	No. of tests done	Test-kits (D-F)	Capable tests (E-G)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1/1/2021	DOH	Sunsure	10	100	5	50	50	
2/2/2021	DOH	BGI	10	500	5	250	250	

Prepared by:

Certified correct by:

\_\_\_\_\_  
Name and Designation

\_\_\_\_\_  
Name of Laboratory Head

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