

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	
		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)