

Institutional Membership Form



Additional Requirements: Business/Mayor's Permit SEC/DTI

NSRC Privacy Notice

The collected information, specifically names of coordinators and phone numbers, will be utilized for the documentation and processing purposes within NSRC, NSC, NBSCC, DOH for the use of the newborn screening program and is not shared to any outside parties. The same information will be entered at NSRC NSF Online Database, NSC Laboratory Information Management System, and DOH records. The names and contact numbers provided will also be used as part of tracking and recalling of patients.

The exchange of information within the program will be facilitated through email, and hard copy. The information will be stored in the database permanently. Disposal of hardcopies will be based on the National Archive of the Philippines Record Disposition Schedule.

You have the right to ask for a copy of any personal information we hold about you, as well as to ask for it to be corrected if you think it is wrong. To do so, please contact info@newbornscreening.ph.

Institutional Profile

Name of Health Facility		Region		Philhealth Accreditation No.	
Bldg. No, Street		Barangay	Town/District/Municipality	Province/City	Area Code
Contact Numbers		Dept. of Pediatrics		Dept. of Obstetrics	Laboratory
Trunk Line (with area code)		Nursery/Pediatric Ward		Fax Number	
Email Address		Mobile #			

Facility Classification

Ownership

Private
 Government
 DOH Retained LGU Special Government

Functional Capacity

General Hospital Specialty Hospital Health Facility Local Health Offices

Level 1 Level 2 Level 3

Category A: Primary Care
 Infirmary/Dispensary
 Birthing Home
 RHU BHS

Category B: Custodial Care
 Category C: Diagnostic/Therapeutic
 Category D: Specialized Out-Patient
 PHO
 MHO
 CHO
 CHD

Courier Information

Available Courier in the Area

Air21/Fedex LBC JRS DHL/WWW LIBCAP ABOITIZ ABEST

Others: Please Specify

If no courier is available in the area, nearest drop off or pick-up point:

Preferred Mode of Payment

Bank Postal Money Order
 Check Cash

Statistics

Annual Number of Deliveries

Newborn Screening Coordinators

The institution is requested to designate an NBS Coordinator and Assistant NBS Coordinator who will oversee the whole implementation of newborn screening in the institution and shall act as the contact person of the Newborn Screening Center. All communications and supplies shall be addressed to the NBS Coordinator. Any changes on the NBS Coordinator should be communicated properly to the NSC.

NBS Coordinator Name		NBS Assistant Coordinator Name	
Mailing Address		Mailing Address	
Contact Numbers (Office/Home/Clinic)	Fax	Contact Numbers (Office/Home/Clinic)	Fax
Mobile	Email	Mobile	Email

NBS Orientation Attended No Yes If yes, Date: ___/___/___ Place Organizer

We hereby declare that all information stated herein is true and correct. Filling and submitting this form signify our readiness to offer newborn screening.

Sincerely,

Name and Signature Position Office

For DOH Regional Office –NBS Only

Endorsed by: _____
 Date: _____
 (Signature over printed name)

For NSRC Use Only

Hospital Code _____
 Date Processed _____
 NSC Assignment Processed by: _____