



Newborn Screening Center – Visayas
West Visayas State University Medical Center
 2nd Floor Medicus Healthcare Plaza Bldg.
 D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City
 Email Address: mc-nscv@wvsu.edu.ph
 Telefax No: (033) 320-3286 and (033) 501-2580



DATE : OCTOBER 10, 2023

TO : OVERALL NEWBORN SCREENING COORDINATOR, PURCHASING, ACCOUNTING AND FINANCE DEPARTMENT

**FROM : *Karen June V. Ventilacion* KAREN JUNE V. VENTILACION, MD, DPPS
UNIT HEAD – NSC VISAYAS**

RE : LATEST MECHANICS ON PURCHASING THE ENBS KITS FROM NEWBORN SCREENING CENTER - VISAYAS

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ORDERING

1. All purchase orders for Expanded NBS Collection kits from all the Newborn Screening Facilities (NSFs) under Region VI (Western Visayas) and Region VIII (Eastern Visayas) shall be forwarded to:

Newborn Screening Center – Visayas
West Visayas State University Medical Center
2nd Floor Medicus Healthcare Plaza Bldg.
D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City

2. A **duly accomplished purchase order (P.O.) form** is a requirement for procurement of expanded newborn specimen collection kits. Newborn Screening Facilities (NSFs) may use their existing purchase order forms to order the said kits. If the NSF does not have its own purchase order form, they may use the Newborn Screening Center – Visayas purchase order template (*Please see attached PO form Template*).

The following information is **required** when placing orders:

- a. Facility Name - Note: Acronym and shortcut is not allowed.
- b. Facility Code
- c. Purchase Order number
- d. Purchase Order date
- e. Quantity of kits, the minimum allowable quantity of kits per purchase order is five (5) Expanded NBS Collection kits
- f. Total Amount
- g. Mode of Delivery - If the Newborn Screening Facilities are outside the serviceable area, specify the nearest courier branch for pick up.
- h. Orders must be signed and approved by authorized personnel otherwise, purchase order will not be processed.

Note: Please make sure that the details in the purchase order are complete and updated upon placing the orders to prevent unnecessary delay otherwise, purchase order will not be processed.



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Email Address: mc-nscv@wvsu.edu.ph
Telefax No: (033) 320-3286 and (033) 501-2580



3. The duly signed and approved purchase order (P.O.) may be sent through:
 - a. Fax: (033) 320-3286/ (033) 329-3744/ (033) 501-2580
Please **confirm immediately through phone call or text** (0917-712-4690) if the purchase order was received and clearly printed by the machine.
 - b. Electronic mail (email): mc-nscv@wvsu.edu.ph and/or nscvis.poacct-mc@wvsu.edu.ph
Please **scan and attach to email the approved purchase order form.**
 - c. Regular mail or preferred courier (*See above address*)
Purchase order may be **sent together with the specimen** or payment.
 - d. Walk - in
Expanded NBS kits shall only be released to employees of the NSF with valid identification, non – employees should present an authorization letter from the Newborn Screening Coordinator upon claiming the NBS kits, this is to ensure proper tracking of the NBS kits to respective Newborn Screening Facilities. Moreover, **NSFs are requested to inform the Newborn Screening Center – Visayas (NSCV) via phone call or text message one day before pick up of the ordered kits.**
4. Please be informed that per DOH Administrative Order No. 2014-0045-A dated March 29, 2019, effective May 1, 2019, the Expanded NBS Collection Kits shall be priced at 1,750.00 per kit. (*Please see attached DOH Administrative Order*).
The minimum allowable quantity of kits is five (5) Expanded NBS kits. The cost of each Expanded Newborn screening collection kit is worth One Thousand Seven Hundred Fifty Pesos Only (1,750.00) which includes the following items (*Please see attached price quotation*):
 - a. Expanded Filter Card
 - b. Lancet
 - c. Transmittal Form
 - d. ENBS Brochure
5. Purchase order will be automatically put **ON HOLD** for the following reasons:
 - a. Incomplete or incorrect information on the purchase order form
P.O. Officer will inform you via phone call of any incomplete information as stated in item 2 of this memo. Newborn Screening Facility must submit an updated purchase order form in case there are changes in the details of the purchase order.
 - b. Unsettled Account.
Accounting Clerk will inform you via phone call of any unsettled account. Please be reminded that your purchase order will not be processed if there is an outstanding account.

DELIVERY

1. Ordered ENBS collection kits will be sent or transmitted by the Newborn Screening Center – Visayas **through the Newborn Screening Facilities' preferred courier. Indicate the nearest courier branch for pick up, if the Newborn Screening facilities are outside the serviceable are.** The original sales invoice will be sent together with the ordered kits. **If sales invoice is misplaced or lost, NSFs is required to send a letter requesting for a second copy of the sales invoice.**
2. Orders will be delivered **within seven (7) working days upon receipt** of the purchase order from the NSFs. **Allow 10 working days,** if the Newborn Screening Facilities are outside the serviceable area of the preferred courier.
3. The hospital personnel in charge of receiving the ordered kits must **immediately inform the center of any discrepancy in the delivery within the day the ENBS kits was received.** Otherwise, it shall be deemed received in good order and condition.



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PAYMENTS

1. Terms of payment

Term of payment is the period given by Newborn Screening Center – Visayas for the Newborn Screening Facility to pay the ordered NBS Collection kits and is indicated in the sales invoice. In case of failure to make full payment within the period specified a **penalty of 2% per month of the total purchase price will be imposed on your bill. Purchase orders will automatically put on hold if there are outstanding accounts.**

- 60 days for PHILHEALTH accredited NSFs (provide a photocopy of the updated certificate from PHILHEALTH)
- 45 days for NON PHILHEALTH accredited NSFs.
- Prepaid for walk – in clients. (Payments must be made upon purchase)

2. Mode of Payment. Payment may be made in any of the following:

- Cash (Walk in Clients)
- Check Payment payable to **WVSUMC NEWBORN SCREENING PROJECT**
- Bank to bank/ ON – LINE payment through:

- **Landbank**

Account Name : **WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER –
NEWBORN SCREENING CENTER VISAYAS**

Account Number : **3292-2221-99**

Branch : **JARO BRANCH, ILOILO CITY**

**Php50.00 CHARGE TO THE FACILITY*

- **Development Bank of the Philippines (DBP)**

Account Name : **WVSUMC NEWBORN SCREENING PROJECT**

Account Number : **171 – 756 – 6**

Branch : **JARO BRANCH, ILOILO CITY**

**NO BANK SERVICE CHARGE*

- If payment was **made through bank, the duplicate copy of the bank validated deposit slip or bank official receipt should be immediately** sent to Newborn Screening Center – Visayas for proper recording/posting and issuance of corresponding official receipt.

Always indicate your facility name, facility code and the sales invoice number being paid on the deposit slip upon payment. We will not be able to acknowledge your inter – bank payment unless deposit slips with bank validation are sent to us. *(Please see attached sample of Cash and Check Deposit Slip)*

CARD REPLACEMENT

- Please be reminded that a repeat sample collection can be availed by patients for **free** and the collecting newborn screening facility (NSF) **will be replaced** with new ENBS filter cards for the following:

- Positive/ elevated result
- Rejected samples (contaminated and insufficient)
- Late
- NPO/ Soy/ TPN
- < 24 hours
- BT
- BTS
- BTS I
- NDe

- For repeat samples cards to be replaced, please send a duly filled out REQUEST FOR REPLACEMENT form *(Please see attached form)*. We strongly recommend that a request for replacement is sent along with every repeat sample card so that the request is processed promptly. **We discourage the sending of BATCHED request for replacements** (e.g., Those made on a quarterly/semi-annual/annual basis) and these requests shall be given the least priority.



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COURIERS

The following are duly authorized and official couriers of Newborn Screening Center – Visayas:

- a. ZGO/ Aboltiz One, Inc. (Account Number: 2901063856)
- b. DHL/ WWW Express (Account Number: WWWE642211992)
- c. JRS Express
- d. Libcap Super Express

| | | |
|------------------|---|----------|
| Antique Account | : | 27 – 040 |
| Bacolod Account | : | 05 - 448 |
| Iloilo Account | : | 24 – 80 |
| Kalibo Account | : | 17 - 111 |
| Roxas Account | : | 13 – 169 |
| Tacloban Account | : | 10 – 152 |
- e. Philippine Postal Corporation

| | | |
|------------------|---|-----------------------------|
| Region 6 Account | : | C6 500001 (Western Visayas) |
|------------------|---|-----------------------------|

Note: Sending of blood samples to NSC – Visayas on any of the abovementioned couriers shall be free of charge. Sending of documents other than the blood samples shall be charged to the NSF.

CONTACT PERSONS

For more information, please contact the following numbers:

| Inquiry | Contact Person | Contact Numbers |
|---|---|--|
| Account Reconciliations, Payments and Other Administrative Concerns | Frederick B. Aguirre (Supervising Administrative Officer) Gretchen B. Canja, CPA (Accountant) Irish Dayle D. Cordero (Accounting Clerk) | (033) 320-3286 (033) 501-2580 Local 101 0917-712-4690 |
| Official Receipt Issuance | Joan O. Arsenal (Cashier) Irish Dayle D. Cordero (Accounting Clerk) | (033) 320-3286 (033) 501-2580 Local 106/112 0917-712-4690 |
| Purchase Orders and Filter Card Replacements | Sheeryl G. Navarro (Kits Officer In-Charge) | (033) 320-3286 (033) 501-2580 Local 104 0917-712-4690 |
| Releasing of Results, Official Receipts and Other Communication Letters | Christine Joy Buenavides (NBS Results In-charge) | (033) 320-3286 (033) 501-2580 Local 114 |

ATTACHMENTS

- A. Purchase Order Form Template
- B. DOH Administrative Order No. 2014-0045-A
- C. Price Quotation
- D. Certificate of Exclusive Distributorship
- E. Request for Replacement of filter cards

**NOTE: KINDLY FILL THIS FORM COMPLETELY TO
AVOID ANY DISCREPANCY. THANK YOU.
(ALL FIELDS WITH * ARE REQUIRED)**

*Name of Facility _____

* Address _____

* Contact Nos. _____

To: **NEWBORN SCREENING CENTER – VISAYAS**
West Visayas State University Medical Center
2nd Floor Medicus Healthcare Plaza Bldg.
D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City
Telefax No.: (033) 320 3286

* Purchase Order No: _____

* Date: _____

* Facility Code: _____

| TERMS OF PAYMENT | DELIVERY PERIOD | MODE OF DELIVERY (Mark the appropriate boxes with check (✓)). |
|------------------|---|--|
| ____ DAYS | Within seven (7) working days upon receipt of the purchase order from the NSFs. Allow 10 working days , if the Newborn Screening Facilities are outside the serviceable area of the courier. | <input type="checkbox"/> Philippine Postal Corporation <input type="checkbox"/> JRS <input type="checkbox"/> Pick up JRS Branch (Pls. specify the JRS Branch) <input type="checkbox"/> 2Go <input type="checkbox"/> Pick up 2GO Branch (Pls. specify the 2GO Branch) _____ Contact Number: _____ |

Note:

- Term of payment for Phil health Accredited Newborn Screening Facilities (NSFs) is 60 DAYS. Please send a **photocopy of your PHILHEALTH CERTIFICATE OF ACCREDITATION to the NSC – Visayas.**
- The minimum allowable quantity of kits per purchase order is **FIVE (5) NBS Specimen Collection Kits.**
- For Walk – in Clients. NSFs are requested to **inform the Newborn Screening Center – Visayas (NSCV) via phone call or text message one day before pick up of the ordered kits.**

Please furnish the following articles/services:

| Unit | Description | Unit Price | Quantity | Total Amount |
|------|---|------------|--------------|--------------|
| Kit | Expanded NBS Kit (Minimum of 5 kits /P.O.) • Filter card (Expanded) and Lancet • Transmittal Form and; • NBS Pink Brochure | P 1,750.00 | | |
| PC | OTHER REQUEST: Extra NBS Posters | 20.00 | | |
| PC | Lancets (Maximum 100 pcs) | 2.00 | | |
| PC | Extra NBS Brochures (Minimum 100 pcs) | 2.50 | | |
| PC | Drying Rack (upon request) | No charge | | |
| | | | TOTAL | |

| Requested by: | Approved by: | Noted by: |
|-----------------------------|-----------------------------|-----------------------------|
| Signature over Printed Name | Signature over Printed Name | Signature over Printed Name |
| Position | Position | Position |

This form can be reproduced and is not for sale.



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Republic of the Philippines
 Department of Health
OFFICE OF THE SECRETARY

MAR 29 2019

ADMINISTRATIVE ORDER
 No. 2019- 2014-0045-A

SUBJECT: Amendment to Administrative Order No. 2014-0045: Guidelines on the Implementation of the Expanded Newborn Screening Program

Pursuant to Section 11 of Republic Act No. 9233, otherwise known as the Newborn Screening Act of 2004, the Advisory Committee on Newborn Screening (ACNBS) shall review and recommend the newborn screening (NBS) fee to be charged by the Newborn Screening Center (NSCs) in order to ensure that NBS will be accessible to all newborns.

During the meeting of the ACNBS held last 04 October 2018, the price adjustment in the expanded newborn screening (ENBS) fee of One Thousand Seven Hundred Fifty Pesos (Php1,750.00) has been approved. The said price will apply to all new NBS filter cards purchased from the NSCs upon effectivity of this Order. In view of this, the following provision of Administrative Order No. 2014-0045 dated November 19, 2014 is hereby amended:

FROM:

VI. Specific Guidelines/Implementing Mechanism

D. Budget Source

1. The NBS Fee

a. The cost of the tests shall be as follows (Per recommendation of the ACNBS on August 19, 2012):

Option 1 (6 disorders) - Php550.00

Option 2 (expanded newborn screening) - Php1,500.00.

b. For PhilHealth members, P550 shall be covered by PhilHealth.

For Option 1 (6 disorders), the total cost shall be covered.

For Option 2 (expanded NBS), only Php 550.00 shall be covered by PhilHealth and the balance shall be an out-of-pocket expense of the family.

TO:

VI. Specific Guidelines/Implementing Mechanism

D. Budget Source

1. The NBS Fee

a. The cost of the tests shall be as follows (Per recommendation of the ACNBS on October 04, 2018):

Option 1 (6 disorders) - Php550.00

Option 2 (Expanded Newborn Screening) - Php1,750.00.

b. For PhilHealth members, the total cost shall be covered by PhilHealth (Per PhilHealth Circular 2018-0021 on Enhancement of Newborn Care Package):

Option 1 (6 disorders) - Php 550.00

Option 2 (Expanded Newborn Screening) - Php 1750. 00

Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 4003 Iloilo • Trunk Line 631-2000 local 1113, 1108, 1135
 Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: <http://www.doh.gov.ph>; e-mail: fidog@nscv.gov.ph

Option 1 (6 disorders) shall be offered until April 30, 2019 only. Effective May 1, 2019, all infants born in accredited facilities shall be tested for expanded newborn screening panel (Option 2) only.

As thus amended, all other provisions of Administrative Order No. 2014-0045 shall remain in full force and in effect.

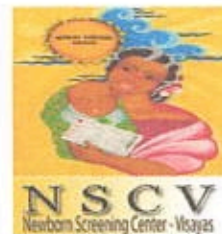
This order shall take effect fifteen (15) days after publication in the official gazette or newspaper of general publication.

FRANCISCO T. DE QUE III, MD, MSc
 Secretary of Health



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Telefax No: (033) 320-3286 and (033) 501-2580



Date: JANUARY 3, 2023

To:

Dear Sir/Ma'am:

We are pleased to submit hereunder our PRICELIST / QUOTATION for the year 2023, in compliance with DOH Administrative Order 2014-0045-A dated March 29, 2019 to wit:

| UNIT | QUANTITY | DESCRIPTION | UNIT PRICE |
|-------|----------|--|--|
| kit | 1 | EXPANDED NEWBORN SCREENING COLLECTION KIT (1 ENBS Filter Card, 1 Lancet, 1 Transmittal Form, 1 Newborn Screening Brochure) | Php 1, 750.00 per Kit (Minimum of 5 kits per P.O.) - Inclusive of Courier Fee and Laboratory Cost |
| piece | 1 | NEWBORN SCREENING POSTER | Php 20.00 per pc |
| piece | 1 | NEWBORN SCREENING BROCHURE | Php 2.50 per pc (Minimum of 100 pcs) |
| piece | 1 | NEWBORN SCREENING TRANSMITTAL FORM | Php 1.00 per pc (Minimum of 100 pcs) |
| piece | 1 | BLOOD LANCET | Php 2.00 per pc (for additional – Maximum Order of 100 pcs only) |
| piece | 1 | DRYING RACK | NO CHARGE (upon request) |

Payment Term: * 45 days for Non – PhilHealth Member NSFs
* 60 days for PhilHealth Member NSFs
Delivery Period: 7 Working Days upon receipt of P.O.

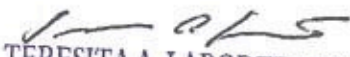
For further inquiry, please contact us at telephone numbers: (033) 329-3744
(033) 508-4844
0917-712-4690

Sincerely,


KAREN JUNE V. VENTILACION, MD, DPPS
Head, Newborn Screening Center – Visayas

SUBSCRIBED AND SWORN to before me
this JAN 12 day 2023 in the City of Iloilo
by the affiant who is known to me and who
exhibited to me her PRC identification card number
0079870.

Doc. No. 144
Page No. 30
Book No. 1
Series of 2023


TERESITA A. LABORTE-ILDESA
NOTARY PUBLIC - ILOILO
Reg. No. 38, Until December 31, 2023
2nd Floor, 7J Corporate Center,
Cor. Jalandani-Ledesma Sts., Iloilo City
Roll No. 38296
PTR No. 8084013; Jan. 05, 2028; Iloilo City
IBP Lifetime Member No. 010937
MCLE Comp. No. VII-0009639
Valid Until April 14, 2025

Thank you very much for your support of the Newborn Screening Program!



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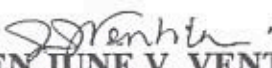


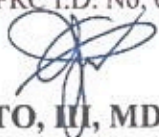
CERTIFICATE OF EXCLUSIVE DISTRIBUTORSHIP

This is to certify that

**NEWBORN SCREENING CENTER VISAYAS,
WEST VISAYAS STATE UNIVERSITY
MEDICAL CENTER**


a government institution with address at
E. Lopez Street, Jaro, Iloilo City
is the **SOLE AND EXCLUSIVE DISTRIBUTOR** of
**EXPANDED NEWBORN SCREENING (ENBS) COLLECTION
KITS in the Visayas.** There are no sub-dealers selling at lower price and
there are no suitable substitutes which can be obtained at a more
advantageous price.


KAREN JUNE V. VENTILACION, MD, DPPS
HEAD, Newborn Screening Center Visayas
WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
PRC I.D. No. 0077533


DAVE ENDEL R. GELITO, III, MD, MM, FPCS, FPSGS, FPALES
OIC - MEDICAL CENTER CHIEF II
WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
PRC I.D. No. 74665

SUBSCRIBE AND SWORN to before me this JAN 12 2023 of _____, 2023, in the
City of Iloilo, affiant exhibiting to me their respective identification card numbers.

Doc. No.: 11/7
Page No.: 2/1
Book No.: 1
Series of 2023


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 Telefax No: (033) 320-3286 and (033) 501-2580



Landbank Procedures:

1. Go to any Landbank Branch nearest you.
2. Fill out ONCOLL Payment Slip and provide 3 reference details:
 - a. Facility Name
 - b. Sales invoice number
 - c. Facility Code

Sample LANDBANK ONCOLL Payment Slip

ONCOLL PAYMENT SLIP

ONCOLL PAYMENT SLIP

| | | |
|--|--|---|
| Please check the appropriate mode of payment. | | DATE |
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK | <input type="checkbox"/> DEBIT FROM ACCOUNT |
| MERCHANT / AGENCY DEPOSIT ACCOUNT NUMBER 3 2 9 2 2 2 2 1 9 9 | MERCHANT / AGENCY NAME WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER – NEWBORN SCREENING CENTER VISAYAS | |
| Reference Number 1 FACILITY NAME | Printed Name and Signature of Payor / Depositor / Representative NAME OF PAYOR AND SIGNATURE | |
| Reference Number 2 SALES INVOICE NUMBER | Validation | |
| Reference Number 3 (Numeric) FACILITY CODE | | |
| Amount Php 0.00 | | |

This is your receipt when machine validated.

ONCOLL PAYMENT SLIP

ONCOLL PAYMENT SLIP

| | | |
|--|--|---|
| Please check the appropriate mode of payment. | | DATE |
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK | <input type="checkbox"/> DEBIT FROM ACCOUNT |
| MERCHANT / AGENCY DEPOSIT ACCOUNT NUMBER 3 2 9 2 2 2 2 1 9 9 | MERCHANT / AGENCY NAME WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER – NEWBORN SCREENING CENTER VISAYAS | |
| Reference Number 1 ABC BIRTHING HOME | Printed Name and Signature of Payor / Depositor / Representative NAME OF PAYOR AND SIGNATURE | |
| Reference Number 2 NSCV - 0014344 | Validation | |
| Reference Number 3 (Numeric) 788 | | |
| Amount Php 350,000.00 | | |

This is your receipt when machine validated.



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Sample DBP On-Line Payment (Check Deposit Slip)

DBP Development Bank of the Philippines

CHECK DEPOSIT SLIP

Name : WVSUMC NEWBORN SCREENING PROJECT
 Acct No: 0756-002862-030 Date: 02/08/18 Time : 09:59
 Amount: PHP*****110,000.00 Tran Type: Cheque Deposit
 Branch: DBP Kabankalan Teller: KB1C
 Cheque#: 3501873 ISN: 29 CLEARING: 02CLR
 Ref#: 074502080003

This is your receipt when machine validated.

Name : WVSUMC NEWBORN SCREENING PROJECT
 Acct No: 0756-002862-030 Date: 02/08/18 Time : 09:59
 Amount: PHP*****110,000.00 Tran Type: Cheque Deposit
 Branch: DBP Kabankalan Teller: KB1C
 Cheque#: 3501873 ISN: 29 CLEARING: 02CLR
 Ref#: 074502080003

Teller's Validation

DBP Development Bank of the Philippines

CHECK-DEPOSIT SLIP

Please use separate slip for each type of currency/check.

Date: 2-8-18 Currency: Peso US Dollar Type of Account: Savings Current

Type of Check: On-Us Check Local Check Regional Check FX Check

Account Number: 171 - 756 - 6

Account Name: WVSUMC NEWBORN SCREENING PROJECT

CHECK DEPOSIT BREAKDOWN

| Bank/Branch | Check No. | Amount |
|-------------------------------|-----------|------------|
| UNIB-BAHOLUA | 3901577 | 110,000.00 |
| INVOICE # NSCV-44409 | | |
| PO# 80 | | |
| 1111 - ABCDEF BIRTHING CENTER | | |
| Total Check Deposit | | 110,000.00 |

Signature of Depositor/Representative (Print name): [Signature]

This deposit is made and accepted subject to the conditions printed on the reverse side and on the rules & regulations governing savings & current deposit accounts.

Member, PDC (Maximum Deposit Insurance for each Depositor P500,000.00) DCS 06114 (Rev 0-07May 14)

Teller's Validation

Account Number:
171 - 756 - 6

Account Name: Newborn
Screening Center Visayas

Sales Invoice Number

Facility Code and facility
Name



Newborn Screening Center – Visayas
West Visayas State University Medical Center
 2nd Floor Medicus Healthcare Plaza Bldg.
 D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City
 Email Address: mc-nscv@wvsu.edu.ph
 Telefax No: (033) 320-3286 and (033) 501-2580



Sample DBP On-Line Payment (Cash Deposit Slip)

DBP CASH DEPOSIT SLIP
 Development Bank of the Philippines

Name: WVSUMC NEWBORN SCREENING PROJECT
 Acct No: 0756-002862-030 Date: 01/16/18 Time: 13:51
 Amount: P16,500.00 Tran Type: Cash Deposit-PHP
 Branch: DBP Kabankalan Teller: MRS. GENEVIEVE V. CORUJIL
 Reference: 1160116000145 ISN: 100

This is your receipt when machine validated.

Name: WVSUMC NEWBORN SCREENING PROJECT
 Acct No: 0756-002862-030 Date: 01/16/18 Time: 13:51
 Amount: P16,500.00 Tran Type: Cash Deposit-PHP
 Branch: DBP Kabankalan Teller: MRS. GENEVIEVE V. CORUJIL
 Reference: 1160116000145 ISN: 100

Teller's Validation

DBP CASH DEPOSIT SLIP
 Development Bank of the Philippines

Please use separate slip for each type of currency

| | | |
|---------|---|--|
| Date | Currency | Type of Account |
| 1/16/18 | <input checked="" type="checkbox"/> Peso <input type="checkbox"/> US Dollar | <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current |

Account Number
171 - 756 - 6

Account Name
WVSUMC NEWBORN SCREENING PROJECT

CASH DEPOSIT BREAKDOWN

| Denomination | Pieces | Amount |
|---------------------------|--------|------------------|
| 1,000.00 | 11 | 11,000.00 |
| 500.00 | 11 | 5,500.00 |
| 200.00 | | |
| 100.00 | | |
| 50.00 | | |
| 20.00 | | |
| 10.00 | | |
| 5.00 | | |
| 1.00 | | |
| Total Cash Deposit | | 16,500.00 |

Signature of Depositor/Representative (Print name)

This deposit is made and accepted subject to the conditions printed on the reverse side and on the rules & regulations governing savings & current deposit accounts.

Member: PDIC (Maximum Deposit Insurance for each Depositor P500,000.00) OC5 01704 (Rev 1 - 07/May 14)

Teller's Validation

**Account Number:
171 - 756 - 6**

**Account Name: Newborn
Screening Center Visayas**

**Facility Code and facility
Name**

Sales Invoice Number

REQUEST FOR REPLACEMENT OF FILTER CARD

Date: _____

To: DR. KAREN JUNE V. VENTILACION, DPPS
Unit Head, Newborn Screening Center Visayas
West Visayas State University Medical Center
Jaro, Iloilo City

From: _____ (Facility Code)

_____ (Facility Name)

I would like to request for the replacement /s for the filter card used for the repeat NBS sample of:

| Baby's Last Name, Mother's First Name | Date of Birth | Filter Card Number | Reason for Repeat NBS |
|--|---------------|-----------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

I declare that the above information is true and correct.

By: _____ (Affix your signature above printed name)

_____ (Designation)

Note: All filter card replacements will be sent to the facility together with the next purchase order.