

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.		
Complete Mailing Address					
Bldg. No, Street	Barangay	Town/District/Municipality	Province/City	Area Code	Zip Code
Contact Numbers					
Trunk Line (with area code)	Dept. of Pediatrics	Dept. of Obstetrics	Laboratory	Nursery/Pediatric Wart	
Fax Number		Email Address	Mobile #		

Facility Classification

Ownership

Private
 Government
 DOH Retained LGU Special Government

Functional Capacity

<input type="checkbox"/> General Hospital <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> Specialty Hospital	<input type="checkbox"/> Health Facility <input type="checkbox"/> Category A Primary Care <input type="checkbox"/> Infirmary/Dispensary <input type="checkbox"/> Birthing Home <input type="checkbox"/> RHU <input type="checkbox"/> BHS	<input type="checkbox"/> Category B Custodial Care	<input type="checkbox"/> Category C Diagnostic/Therapeutic	<input type="checkbox"/> Category D Specialized Out-Patient	<input type="checkbox"/> Local Health Offices <input type="checkbox"/> PHO <input type="checkbox"/> MHO <input type="checkbox"/> CHO <input type="checkbox"/> CHD
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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: _____

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	Name of Owner
Contact Number (Office/Home/Clinic) / Mobile Number	Contact Number (Office/Home/Clinic) / Mobile Number	Contact Number (Office/Home/Clinic) / Mobile Number
Email	Email	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 _____ NSC Assignment
Date Processed _____ Processed by: _____