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@pewhomscreening.ph

info@newbornscreening.ph.				
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Name of Health Facility			Region	Philhealth Accreditation No.
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Bldg. No, Street	Barangay	Town/District/Municipality	Province/City	Area Code Zip Code
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Contact Numbers Trunk Line (with area code)	Dept. of Pediatrics	Dept. of Obstetricts	Laboratory	Nursery/Pediatric Wart
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L Fax Number	<u> </u>	i LEmail Address		!
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Facility Classification Ownership	Private			
Ownership	Government			
	DOH Retained	□LGU	Special Government	
Functional Capacity ☐ General Hospital ☐ Specialty	☐ Health Facility			☐ Local Health
Level 1 Hospital	□ Category A	☐ Category B	☐ Category C ☐ Cate	egory D Offices
Level 2	Primary Care	Custodial Care		cialized PHO
☐ Level 3	☐ Infirmary/Dispens	sary	Therapeutic Out-	Patient
	☐ Birthing Home			□ CHO □ CHD
	□RHU □ BHS			□ CHD
Courier Information				
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