



Republic of the Philippines
 Department of Health
Lung Center of the Philippines
NATIONAL REFERENCE LABORATORY
 Department of Pathology and Laboratory
 Quezon Avenue Ext., Quezon City Website: lcp.gov.ph
 Telefax : 924-6101 loc. 388 / 590 E-mail: lcpnrllcc2007@gmail.com

LCP FORM NO. 22 – 302
 GENERAL INFORMATION SHEET
 Revision 04
 February 2017
 Page 1 of 1

NEQAS FOR CLINICAL CHEMISTRY for the Year

2017

- Complete all data required herein. For changes, please notify LCP-NRL.
- Submit on or before: **JUNE 15, 2017**
 - All original LCP-NRL 2017 NEQAS-CC Forms
 - Photocopy of 2017 LICENSE TO OPERATE
 - Machine validated transaction/deposit slip
- if payment is made via bank to bank
- Incomplete requirements shall NOT be processed. Registration Forms sent via email or fax are NOT ACCEPTABLE.

Participation to NEQAS-CC

Initial Renewal

Please check history of Participation

<input type="checkbox"/> 2007	<input type="checkbox"/> 2012
<input type="checkbox"/> 2008	<input type="checkbox"/> 2013
<input type="checkbox"/> 2009	<input type="checkbox"/> 2014
<input type="checkbox"/> 2010	<input type="checkbox"/> 2015
<input type="checkbox"/> 2011	<input type="checkbox"/> 2016

GENERAL INFORMATION

Name of Clinical Laboratory (*based on your License to Operate*)

Complete Address

Region

E-mail Address

Telephone No. with Area Code

Mobile No.

SERVICE CAPABILITY
(Clinical Laboratory)

CLASSIFICATION BY OWNERSHIP

Head of Laboratory
(Pathologist)

- Primary
 Secondary
 Tertiary

- Government
 Private

- Hospital-Based
 Institution-Based
 Free-Standing

Name:
Contact #:

Laboratory Staff to receive the NEQAS-CC Samples and other NRL Documents

Name

Designation

Mobile Number

(This will be the priority contact person of the Laboratory)

1.

2.

3.

To be filled up by NRL staff: _____

Mode of Over the Counter

O.R. No: _____

Control No.: 2017 - _____
(NRL code)

Payment: Cash

O.R. Date: _____

Check

Amount: _____

Date: _____

Bank to Bank

Date of deposit: _____



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LCP FORM NO. 22 – 304
ORDER OF PAYMENT FORM
for NEQAS PARTICIPATION
Revision 04
February 2017
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NEQAS FOR CLINICAL CHEMISTRY for the year 2 0 1 7

FOR LCP - NRL FILE COPY

Name of Clinical Laboratory _____

(based on your License to Operate)

Mode of Payment:

- Cash Bank to Bank
 Check Over the Counter

(For the Check payments only: **kindly provide the ff. details**)

Bank: _____
Branch: _____
Check No.: _____
Date: _____

TO BE FILLED IN BY NRL STAFF:

O.R. No.: _____ Amount: _____
Date of OR: _____ Received by: _____

REMINDERS: CLINICAL LABORATORIES

1. FOR CHECK PAYMENTS:

- 1.1. Shall be made payable to LUNG CENTER OF THE PHILIPPINES.
- 1.2. Personal check is NOT acceptable.
- 1.3. Official Receipt shall be delivered to the participating laboratory together with the NEQAS-CC samples & its accompanying documents when check is cleared.

2. FOR BANK TO BANK TRANSACTIONS: Deposit to the account of LUNG CENTER OF THE PHILIPPINES,

Landbank Account **07 - 02105587**

3. FOR DIRECT PAYMENT: Please coordinate first with the LCP-NRL office.

4. NEQAS PARTICIPATION FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND CANNOT BE USED AS ADVANCED PAYMENT FOR THE NEXT NEQAS-CC CYCLE.



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LCP FORM NO. 22 – 305
ORDER OF PAYMENT FORM
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NEQAS FOR CLINICAL CHEMISTRY for the year 2 0 1 7

FOR LCP - CASHIER DIVISION

Name of Clinical Laboratory _____

(based on your License to Operate)

Mode of Payment:

- Cash Bank to Bank
 Check Over the Counter

(For the Check payments only: **kindly provide the ff. details**)

Bank: _____
Branch: _____
Check No.: _____
Date: _____

PARTICIPATION FEE: P 8,000.00
(NON-REFUNDABLE, NON-TRANSFERABLE AND CANNOT BE USED AS ADVANCED PAYMENT FOR THE NEXT NEQAS-CC CYCLE)

LUNG CENTER OF THE PHILIPPINES
ACCOUNT NO. 07 - 02105587

LAND BANK CIRCLE BRANCH,
QUEZON CITY

Enclosed is our check payable to the
LUNG CENTER OF THE PHILIPPINES