



A Documents	B For Initial	C For Renewal
8. Quality Control Program (for screening laboratory) OR Certification for Quality Standard System by a DOH recognized certifying body (for confirmatory laboratory)		
9. Certificate of Proficiency/ Proficiency Testing Result		
10. Procedure Manual		
11. Contract of Lease (if site is rented)		
<b>12. Health Facility Geographic Form (Location Map)</b>		
13. Photographs of the exterior and interior of the laboratory		
14. Floor Layout with appropriate scale reflecting properly labeled areas to include spatial relationship with adjacent areas if present		
15. DTI/ SEC Registration (for private laboratory) OR Issuance or Board Resolution (for government laboratory)		
16. Photocopy of DOH Certificate of Accreditation		

### Acknowledgement

REPUBLIC OF THE PHILIPPINES )  
 CITY/ MUNICIPALITY OF \_\_\_\_\_ ) S.S.

I, \_\_\_\_\_, \_\_\_\_\_, of legal age, \_\_\_\_\_, a resident of  
*Name Civil Status Age*  
 \_\_\_\_\_, after having been sworn in accordance with law hereby depose and  
*Address*  
 say that I am executing this affidavit to attest to the completeness and truth of the foregoing information and the attached documents required for the Registration and Accreditation of Drug Testing Laboratory pursuant to R.A. 9165 "Comprehensive Dangerous Drugs Act of 2002".

\_\_\_\_\_  
*Signature*

Before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the City/ Municipality of \_\_\_\_\_, Philippines, personally appeared

*Owner*

*Community Tax Number*

*Issued at/ on*

\_\_\_\_\_ known to me to be the same person/s who executed the foregoing instrument and they acknowledge to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Doc.No. \_\_\_\_\_  
 PageNo. \_\_\_\_\_  
 BookNo. \_\_\_\_\_  
 Series of \_\_\_\_\_

NOTARY PUBLIC  
 My Commission Expires  
 Dec. 31. 20\_\_\_\_

Form-DTL-COA-A  
 Revision:01  
 12/03/2014  
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**List of Personnel**

**Annex A**

Name of Laboratory : \_\_\_\_\_

Address of the Laboratory : \_\_\_\_\_

Name	Designation/ Position	Highest Educational Attainment	PRC Reg. No.	Valid		Signature
				From	To	

**List of Equipment/ Instrument<sup>2</sup>**

**Annex B**

Name of Laboratory : \_\_\_\_\_  
Address of the Laboratory : \_\_\_\_\_

Brand Name & Model	Serial No.	Quantity	Date of Purchase

<sup>2</sup> Equipment/ instrument should be present, functional, and owned by laboratory applying for accreditation.