



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

**CERTIFICATE OF REGISTRATION FOR COLLECTION FACILITY SPECIFIC FOR
REAL TIME REVERSE TRANSCRIPTASE-POLYMERASE CHAIN REACTION (qRT-
PCR) COVID-19 TESTING LABORATORIES (TL)**

Name of COVID19 Testing Laboratory: _____

Complete Address: _____
No. & Street Barangay District

City/Municipality Province Region

Telephone No.: _____ Fax No: _____

E-mail Address: _____

Head of the Facility: _____

Owner: _____

Status of Application: New Renewal

I. Classification According to:

- A. Ownership:**
- | | |
|--|--|
| <input type="checkbox"/> Government | <input type="checkbox"/> Private |
| <input type="checkbox"/> Provincial | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> District | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> City | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Others, Specify _____ | <input type="checkbox"/> Foundation |
| | <input type="checkbox"/> Others, Specify _____ |

II. CERTIFICATE OF REGISTRATION:

Please specify services offered: _____

Documents	New	Renewal
1. Acknowledgement (notarized)		
2. Proof of Ownership and Name of Health Facility:		
2.1 DTI/SEC/CDA Registration including Articles of Incorporation/Cooperation and By-Laws		
2.2 Enabling Act/ LGU Resolution (for government health facility)		
3. Health Facility Geographic Form (Geographic Coordinates)		

Instruction: Please tick (✓) the appropriate boxes below and provide necessary documents
Note: Please refer to www.hfsrb.doh.gov.ph. For other details of the requirements.

NAME OF APPLICANT

DATE OF APPLICATION

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
Address

Hereby depose and 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 establishment/operation of health facility pursuant to existing rules and regulations. That the undersigned is aware and informed that any misrepresentation, falsification/deception herein can cause the denial of my application.

Signature

Before me, this _____ day of _____ 20____ in the City/Municipality of _____, Philippines, personally appeared the above affiant with Community Tax Certificate No. _____ issued on _____ at _____, 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.

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. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC
My Commission Expires
Dec. 31, 20____