



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

ANNEX D2
A.O. No. 2021-0037-___

**CHECKLIST FOR REVIEW OF FLOOR PLANS
GENERAL CLINICAL LABORATORY**

Name of Health Facility: _____
Address: _____
Date: _____ Review: 1st _____ 2nd _____ 3rd _____

I. PHYSICAL PLANT

___ 1.1. **General Administrative and Public Areas**

___ 1.1.1. Business Area

___ 1.1.1.1. Reception Area (*receiving of specimen / releasing of laboratory results*) *

___ 1.1.1.2. Waiting Area (*commensurate 0.65 m² per person*) *

___ 1.1.2. Collection Area

___ 1.1.2.1. Blood Extraction Area

___ 1.1.2.2. Specimen Collection toilet (*for urine and stool*) *

___ 1.1.3. Public Toilet (*PWD toilet is preferred*) *

___ 1.1.4. Staff Toilet (*1 toilet for every 15 personnel*) *

___ 1.2. **Clinical Working Area**

___ 1.2.1. **CLINICAL PATHOLOGY**

___ 1.2.1.1. Microscopy Section

___ 1.2.1.2. Hematology Section

___ 1.2.1.3. Clinical Chemistry Section

___ 1.2.1.4. Immunology/Serology Section ¹ (*optional for non-hospital based CL*)

___ 1.2.1.5. Microbiology Section ¹

For Secondary Category CL:

___ 1.2.1.5.1. Microbiology Section (*optional for non-hospital-based CL*) (*may be an area or room type*)

For Tertiary Category CL:

___ 1.2.1.5.2. Culture & Sensitivity/ Processing room ²

___ 1.2.1.5.3. Media Preparation room (*optional if utilizing prepared media*) ²

___ 1.2.1.5.4. Sterilization room (*it can be an area if within the media preparation room*) ²

___ 1.2.1.5.5. Decontamination Room (*if not within Microbiology section, it shall be near or accessible to the clinical laboratory*) ²

___ 1.2.2. **ANATOMIC PATHOLOGY** (room type) ²

For Non-hospital-based Tertiary Category CL

___ 1.2.2.1. Pan Cervico-Vaginal Cytology (Pap Smear) Section

For Hospital-based Tertiary Category CL

___ 1.2.2.2. Anatomic Pathology Section (for Pap Smear, Cytology and Histopathology)

- _____ 1.2.2.3. Storage room/area for slides, tissue blocks and specimen
(shall be adjacent or near the Anatomic Pathology room)
- _____ 1.2.2.4. Reading Area (optional)
- _____ 1.2.3. OTHER AREAS
 - _____ 1.2.3.1. Section for additional diagnostic tests for DOH-identified endemic areas (if offering two or more DOH-program-based diagnostic tests)
 - _____ 1.2.3.2. Pathologist Office / area
- _____ 1.3. **Support Services Area**
 - _____ 1.3.1. Storage Area for Supply and Records *
 - _____ 1.3.2. Waste Holding Area *
 - _____ 1.3.3. Staff Pantry *

¹ - **NOT** required for primary Clinical laboratories (CL);

² - Required for tertiary CLs only;

* - Optional for institution-based CLs, provided it is identified and accessible from the CL.

II. PLANNING AND DESIGN

- _____ 2.1. Floor plans properly identified and completely labelled.
- _____ 2.2. Doors, windows, fixtures, furniture, and equipment are properly laid out.
- _____ 2.3. Floor plans and drawings shall be in conducive scale (e.g. 1:100 m, 1:50 m) and with appropriate dimensions.
- _____ 2.4. Conforms to applicable codes as part of normal professional practice.
- _____ 2.5. Meets prescribed functional program.
 - _____ 2.5.1. Public areas shall be directly accessible to the clients.
 - _____ 2.5.2. Clinical working area shall be sufficient to accommodate its activities and allow for smooth and coordinated workflow and shall have restricted access to authorized personnel only.
 - _____ 2.5.3. Provision of toilets and other amenities for staff (e.g. lockers, lounge, pantry and changing room) shall be located outside the clinical working area to prevent contamination.
 - _____ 2.5.2. There shall be sufficient sink in the clinical working area provided with stainless steel sink with a depth of at least 8” and a gooseneck faucet.



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Name of Health Facility: _____
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 Date: _____

COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

[] Approved [] Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member

Member

Member

Member

Member

Member
