

EQUIPMENT/INSTRUMENTS/GLASSWARE/SUPPLIES/REAGENTS PER AREA OF ACTIVITY/SERVICE CAPABILITY OF GENERAL CLINICAL LABORATORY (Place a ✓ on spaces provided before each item if available and X if not; or NA for Not Applicable)

Note: These are the list of minimum requirements as to **equipment, reagents/culture media, supplies & glassware's**. Additional services are acceptable provided that appropriate items mentioned with technical procedures, space and personnel are available, if necessary. (Please use additional sheet of paper, if needed.)

ACTIVITY	SERVICES	GLASSWARE AND SUPPLIES	REMARKS
SPECIMEN COLLECTION	Blood Extraction	<input type="checkbox"/> 70% Alcohol <input type="checkbox"/> Cottons <input type="checkbox"/> Tourniquet <input type="checkbox"/> Lancet <input type="checkbox"/> Capillary Tubes <input type="checkbox"/> Labeling Materials <input type="checkbox"/> Test Tubes <input type="checkbox"/> Sterile Medical tape <input type="checkbox"/> Syringe and Needle-any gauge (Expiration Date) <input type="checkbox"/> Puncture Proof Sharps Container	
	Other Body Fluids (Urine, Stool, Sputum, etc.)	<input type="checkbox"/> Applicator Stick <input type="checkbox"/> Specimen container w/ cover or Screw Cap (50mL) <input type="checkbox"/> Sterile Screw Cap Specimen Container, if applicable <input type="checkbox"/> Plastic calibrated loop and other necessary materials, if applicable	
OTHER EQUIPMENT		<input type="checkbox"/> Non-Mercurial Thermometer for temperature monitoring	
		<input type="checkbox"/> Refrigerator (samples)	
		<input type="checkbox"/> Fire Extinguisher (Class B)	
		<input type="checkbox"/> Spill Kits	

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
Clinical Microscopy			
WET SMEAR for Trichomonas	Supplies <input type="checkbox"/> Slides <input type="checkbox"/> Cover Slips <input type="checkbox"/> Applicator sticks	<input type="checkbox"/> Normal Saline Solution <input type="checkbox"/> Lugol's Iodine	
FECALYSIS	<input type="checkbox"/> Microscope (Binocular Compound)		
PREGNANCY TEST	<input type="checkbox"/> Pregnancy test kit		
FECAL OCCULT BLOOD	<input type="checkbox"/> Occult blood test kit		

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
URINALYSIS	Supplies <input type="checkbox"/> Slides <input type="checkbox"/> Test tubes (10ml) <input type="checkbox"/> Cover Slips <input type="checkbox"/> Test Tube Rack <input type="checkbox"/> Applicator sticks Manual <input type="checkbox"/> Clinical Centrifuge (2,000 rpm) <input type="checkbox"/> Microscope (Binocular Compound) Automated <input type="checkbox"/> Strip Reader <input type="checkbox"/> Urine Analyzer	Urine Strips (Select which applies) <input type="checkbox"/> 4 - parameter <input type="checkbox"/> 10 - parameter Control/s <input type="checkbox"/> Normal <input type="checkbox"/> Pathologic	
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies		
Hematology			
HEMOGLOBIN	Manual <input type="checkbox"/> Spectrophotometer or its equivalent <input type="checkbox"/> Cuvettes/test tubes <input type="checkbox"/> Sahli/micropipette	<input type="checkbox"/> Hemoglobin Reagent (Cyanmet Hemoglobin) <input type="checkbox"/> Standard	
HEMATOCRIT	Manual <input type="checkbox"/> Hematocrit Centrifuge <input type="checkbox"/> Hematocrit Reader <input type="checkbox"/> Capillary Tube <input type="checkbox"/> Sealer		
RED BLOOD CELLS (Optional)	Manual <input type="checkbox"/> Microscope (Binocular Compound)	<input type="checkbox"/> RBC Diluent <input type="checkbox"/> Other reagent	
WHITE BLOOD CELLS	<input type="checkbox"/> Pipette Shaker <input type="checkbox"/> Tally Counter <input type="checkbox"/> RBC / micropipette <input type="checkbox"/> Counting Chamber w/ Cover Slips	<input type="checkbox"/> WBC Diluent	
PLATELET COUNT (Quantitative)	<input type="checkbox"/> WBC / micropipette <input type="checkbox"/> Petri Dish (as applicable)	<input type="checkbox"/> Platelet Diluent	
DIFFERENTIAL COUNT	Manual <input type="checkbox"/> Differential Counter <input type="checkbox"/> Slides <input type="checkbox"/> Staining Glasses <input type="checkbox"/> Microscope (Binocular Compound)	<input type="checkbox"/> Hematology Staining Kit <input type="checkbox"/> Oil immersion	

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
COMPLETE BLOOD COUNT	<input type="checkbox"/> Automated <input type="checkbox"/> Hematology Analyzer	<input type="checkbox"/> Diluents <input type="checkbox"/> Lyse <input type="checkbox"/> Cleanse Solution <input type="checkbox"/> Other Reagents Controls <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High	
FORWARD AND REVERSE ABO GROUPING AND Rh (D) TYPING (Tube Method)	<input type="checkbox"/> Serofuge or its equivalent <input type="checkbox"/> Test Tubes <input type="checkbox"/> Manual <input type="checkbox"/> Semi-automated machine <input type="checkbox"/> Automated	<input type="checkbox"/> Normal Saline Solution <input type="checkbox"/> Blood Typing Sera <input type="checkbox"/> Known Cells <input type="checkbox"/> Gel-type based blood typing	
Hospital-Based Secondary CL			
COAGULATION STUDIES	<input type="checkbox"/> Coagulation Machine <input type="checkbox"/> Calibrated Pipettes <input type="checkbox"/> Cuvettes or its equivalent	<input type="checkbox"/> Coagulation Reagents <input type="checkbox"/> Controls	
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/Glassware/Supplies		
Clinical Chemistry			
ROUTINE: Blood Glucose (FBS / RBS) Total Cholesterol Triglycerides HDL Blood Uric Acid Blood Creatinine Blood Urea Nitrogen	<input type="checkbox"/> Refrigerator (reagents) <input type="checkbox"/> Clinical Centrifuge <input type="checkbox"/> Water Bath or its equivalent <input type="checkbox"/> Calibrated Pipettes <input type="checkbox"/> Pipette tips <input type="checkbox"/> Other Pipettes <input type="checkbox"/> Timer <input type="checkbox"/> Cuvettes <input type="checkbox"/> Test Tubes <input type="checkbox"/> Test Tubes Rack <input type="checkbox"/> Manual <input type="checkbox"/> Spectrophotometer or its equivalent <input type="checkbox"/> Automated <input type="checkbox"/> Chemistry Analyzer	<input type="checkbox"/> Distilled Water <input type="checkbox"/> Standard/ Calibrator Controls <input type="checkbox"/> Normal <input type="checkbox"/> Pathologic Test Reagents <input type="checkbox"/> Glucose <input type="checkbox"/> Total Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL <input type="checkbox"/> Uric Acid <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Oral Glucose Tolerance Drink	

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Hospital-Based Secondary CL			
ELECTROLYTES (Na, K, Cl)	<input type="checkbox"/> Manual <input type="checkbox"/> Spectrophotometer or its equivalent <input type="checkbox"/> Automated Analyzer (Indicate the machine)	<input type="checkbox"/> Test Reagents <input type="checkbox"/> Na <input type="checkbox"/> K <input type="checkbox"/> Cl	
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies		
Immunology / Serology			
Indicate the rapid lateral flow serologic or immunological diagnostic test (i.e., Rapid Test Kits for – Dengue, Syphilis, Hepatitis B (screening), HIV screening) – use separate sheet as necessary	<input type="checkbox"/> Cuvettes <input type="checkbox"/> Test Tubes <input type="checkbox"/> Test Tubes Rack <input type="checkbox"/> Glass Pipettes <input type="checkbox"/> Pipettes & Pipette tips <input type="checkbox"/> Rapid test kits, as applicable <input type="checkbox"/> Dengue <input type="checkbox"/> Syphilis <input type="checkbox"/> Hepatitis B (screening) <input type="checkbox"/> HIV (screening) <input type="checkbox"/> Microscope or agglutination viewer	<input type="checkbox"/> Standard/ Calibrator, if applicable Controls, if applicable <input type="checkbox"/> Normal <input type="checkbox"/> Pathologic <input type="checkbox"/> Test Reagents, if applicable	
Indicated the machine-based serological or immunological test	<input type="checkbox"/> Automated Analyzer (Indicate the name of machine) <input type="checkbox"/> Manual <input type="checkbox"/> Spectrophotometer or its equivalent	<input type="checkbox"/> Distilled Water <input type="checkbox"/> Standard/ Calibrator Controls <input type="checkbox"/> Normal <input type="checkbox"/> Pathologic Test Reagents, as applicable <input type="checkbox"/> Tumor Markers <input type="checkbox"/> Thyroid Function <input type="checkbox"/> Hepatitis Profile <input type="checkbox"/> Others as applicable	
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies		

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
Microbiology			
KOH	<input type="checkbox"/> Staining Rack <input type="checkbox"/> Timer <input type="checkbox"/> Slides <input type="checkbox"/> Inoculating Loops <input type="checkbox"/> Applicator Sticks	<input type="checkbox"/> 10% KOH	
GRAM STAIN	<input type="checkbox"/> Forceps <input type="checkbox"/> Centrifuge, as applicable <input type="checkbox"/> Biosafety cabinet (Class II Type A with certification), as applicable	<input type="checkbox"/> Gram's stain kit	
CULTURE AND SENSITIVITY (aerobic/anaerobic)	<input type="checkbox"/> Biosafety cabinet (Class II Type A with certification) <input type="checkbox"/> Incubator <input type="checkbox"/> Drying Oven <input type="checkbox"/> Autoclave <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Water Bath <input type="checkbox"/> Table Lamp <input type="checkbox"/> Electric/Gas Stove <input type="checkbox"/> Refrigerator with freezer <input type="checkbox"/> Sterile Swabs <input type="checkbox"/> Candle Jar <input type="checkbox"/> Caliper/Ruler <input type="checkbox"/> Graduated Cylinder <input type="checkbox"/> Beaker <input type="checkbox"/> Erlenmeyer flask <input type="checkbox"/> Petri dish <input type="checkbox"/> Glass Pipettes <input type="checkbox"/> Calibrated Inoculating Loops <input type="checkbox"/> Laboratory Thermometer <input type="checkbox"/> Automated System / Blood Automated Card System (Indicate the name of machine)	Culture Media: (Select which applies) <input type="checkbox"/> BHI <input type="checkbox"/> BAP <input type="checkbox"/> MAC <input type="checkbox"/> CAP <input type="checkbox"/> GBA <input type="checkbox"/> BCA <input type="checkbox"/> SSA <input type="checkbox"/> TSA <input type="checkbox"/> MHA <input type="checkbox"/> TSB <input type="checkbox"/> SFB <input type="checkbox"/> APW <input type="checkbox"/> TCBS <input type="checkbox"/> Thio broth <input type="checkbox"/> MHA w/ 5% sheep Blood <input type="checkbox"/> Others, indicate: <input type="checkbox"/> Biochemical Reaction (Conventional Method/ Commercially Prepared) <input type="checkbox"/> Sensitivity Disk/Antimicrobial Disk <input type="checkbox"/> Mac Farland Standard (0.5) Control Strains (ATCC): <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Escherichia coli</i>	
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies		

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
Anatomic Pathology			
PAN CERVICO-VAGINAL CYTOLOGY (PAP SMEAR)	<input type="checkbox"/> Microscope (Binocular Compound) <input type="checkbox"/> Timer <input type="checkbox"/> Slides <input type="checkbox"/> Cover Slips <input type="checkbox"/> Adhesive or its equivalent <input type="checkbox"/> Forceps <input type="checkbox"/> Staining Glasses	<input type="checkbox"/> Papanicolaou stain	
HISTOPATHOLOGY	<input type="checkbox"/> Paraffin Oven <input type="checkbox"/> Microtome <input type="checkbox"/> Fume Hood <input type="checkbox"/> Manual Technique <input type="checkbox"/> Water Bath <input type="checkbox"/> Automatic tissue processor	(Select which applies) <input type="checkbox"/> Formalin <input type="checkbox"/> Paraffin wax <input type="checkbox"/> Xylene <input type="checkbox"/> Carbon tetrachloride <input type="checkbox"/> Hematoxylin & Eosin Stain <input type="checkbox"/> Alcohol (50%, 70%, 80% 90%, 100%) <input type="checkbox"/> Others, indicate:	
FROZEN SECTION, if applicable	<input type="checkbox"/> Cryostat <input type="checkbox"/> Block holder	<input type="checkbox"/> Isopentane <input type="checkbox"/> Hematoxylin & Eosin Stain <input type="checkbox"/> Alcohol (70%, 80%, 90%)	
AUTOPSY, if applicable	<input type="checkbox"/> Ruler <input type="checkbox"/> Autopsy Table <input type="checkbox"/> Bone Saw <input type="checkbox"/> Scalpel <input type="checkbox"/> Scissors <input type="checkbox"/> Rib Shears <input type="checkbox"/> Toothed Forceps <input type="checkbox"/> Weighing Scale		
Additional Services (Add-On Services)			
Indicate the test – use separate sheet as necessary	Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies		

SERVICES	EQUIPMENT / INSTRUMENT / GLASSWARE/SUPPLIES	REAGENT/S (Take Note of Expiry)	REMARKS (Quality Improvement)
Limited Service			
<p>Indicate the test (i.e., DOH-Program based related tests such as Kato Katz for schistosomiasis, Malarial smear, Filarial smear, slit-skin smear, rapid plasma reagin for syphilis, DSSM/AFB smear for tuberculosis, HIV test) – use separate sheet as necessary</p>	<p>Indicate needed Equipment/Instrument/Reagents/ Glassware/Supplies</p>		

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