



# NATIONAL EXTERNAL QUALITY ASSESSMENT SCHEME (NEQAS) FOR BACTERIOLOGY, PARASITOLOGY & MYCOBACTERIOLOGY

Department of Health  
Research Institute for Tropical Medicine



## LABORATORY ENROLLMENT FORM

Lab ID No:  -

(NEQAS USE)

PLEASE WRITE IN BLOCK AND ALL CAPITAL LETTERS

1. Name of laboratory/hospital (No abbreviations please):				
2. Address:				
No, Street	Barangay	Municipality/City	Province	Postal Code
3. Tel:		4. Fax:		5. Web/E-mail:
6. Contact Person:		7. Contact Person Tel/mobile No:		8. Contact Person E-mail:
9. Please answer the following:				
<ul style="list-style-type: none"> <li>Have your hosp/lab ever participated in NEQAS? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please proceed to no. 10)</li> <li>If "Yes", indicate last year or participation and fill-in your NEQAS assigned hosp/lab ID no. Year last participated: <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Hosp/Lab ID no. <input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></li> </ul>				
10. Hospital chief/director:			11. Laboratory chief/head:	
12. Head of Bacteriology:			13. Head of Parasitology:	
14. Head of TB Laboratory:			15. Please indicate the best way to contact you:	

\*YOU MAY PHOTOCOPY THIS FORM.

Please check which assessment your laboratory would like to enrol:

Bacteriology  Parasitology  TB Microscopy  TB Culture

Method of Payment\*:

Cheque (make cheque payable to **RESEARCH INSTITUTE FOR TROPICAL MEDICINE**)  
 Direct Cash Payment (pay directly to RITM cashier)

**\*Please contact the NEQAS office for the amount to be paid**

Enrolment Procedure:

- Fill-up the **Enrollment Form** correctly and sign
- Contact the NEQAS office for the correct amount to be paid
- Send **Enrollment Form** and **Payment** to the **NEQAS Office** for payment evaluation and processing (we will not accept enrollment if we do not receive the **Enrollment Form** and **Payment** as well as **PAYMENTS WITH INCORRECT AMOUNT**)

**NATIONAL EXTERNAL QUALITY ASSESSMENT SCHEME**  
**Department of Microbiology**  
**Research Institute for Tropical Medicine**  
**FILINVEST, Alabang, Muntinlupa City**

- The Official Receipt and a notice on when you will expect to receive your Proficiency Test Panels will be sent back through registered mail (for enrollments made through courier only)

I certify that the above information is true and correct,  _____ Print name and Signature	Bank & Cheque No.	NEQAS USE
	OR No.	

\*PLEASE DO NOT USE ANY OTHER FORM EXCEPT THIS ONE.