# LABORATORY ENROLLMENT FORM

**PLEASE WRITE IN BLOCK AND ALL CAPITAL LETTERS**

<table>
<thead>
<tr>
<th>Lab ID No:</th>
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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:
   - Have your hospital/laboratory ever participated in NEQAS?  
     - Yes  
     - No (Please proceed to no. 10)
   - If “Yes”, indicate last year of participation and fill-in your NEQAS assigned hospital/laboratory ID number.

10. Hospital/Laboratory ownership:
   - Government
   - Private
   - Semi-private

11. Laboratory Category
   - Primary
   - Secondary
   - Tertiary
   - Special

12. Hospital chief/director:

13. Laboratory chief/head:

14. Head of Bacteriology:

15. Head of Parasitology:

16. Head of TB Laboratory:

17. Please indicate the best way to contact you:

### Please check which program your laboratory would like to enroll:

- Bacteriology
- Parasitology
- TB Microscopy
- TB Culture (optional)

### Requirements:

2. Payment (see Method of Payment)
3. If not enrolling in any program aside from TB Culture, present a photocopy of the latest Certificate of Participation from any Department of Health recognized Bacteriology, Parasitology or TB External Quality Assessment (EQA) provider.

### Method of Payment*:

- Cheque (make cheque payable to RESEARCH INSTITUTE FOR TROPICAL MEDICINE)
- Cash
- LANDBANK Electronic Payment Portal ([https://epaymentportal.landbank.com](https://epaymentportal.landbank.com))**

*Please proceed or contact the NEQAS office for clarifications

**Complete instructions are listed at the back

### Enrollment Procedure:

1. Enrollment is from **January to August 31**. LATE ENROLLEES WILL NOT BE ACCEPTED OR INCLUDED IN THE PROFICIENCY TEST EVENT.
2. Fill-up the Enrollment Form correctly and sign
3. Refer to the box on the right for the amount to be paid or contact the NEQAS office for clarification
4. Send Enrollment Form, Payment and photocopy of latest EQA Certificate to the NEQAS Office for payment evaluation and processing. LABORATORIES THAT WILL NOT COMPLY ON THE REQUIREMENTS STATED ABOVE AND PAYMENTS WITH INCORRECT AMOUNT WILL NOT BE ACCEPTED.

### NATIONAL EXTERNAL QUALITY ASSESSMENT SCHEME

Department of Microbiology
Research Institute for Tropical Medicine
FILINVEST, Alabang, Muntinlupa City

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I certify that I have read and understand the procedures for enrollment as well as certify that the above information is true and correct,

______________________________
Print name and Signature
LANDBANK Electronic Payment Portal* steps:
1. Go to http://epaymentportal.landbank.com
3. Select Research Institute for Tropical Medicine (RITM).
4. Select Transaction Type: NEQAS PT-MICRO.
5. Fill-out Transaction Form. Enter code for CAPTCHA.
6. Review Transaction Details. If all information are correct, click “Submit”.
7. Choose Payment Option (e.g. LANDBANK ATM card).
8. Tick box for Terms and Conditions. Click “Submit”.
9. At the end of the Payment Details Page, input the following information:
   a. 10-digit Account Number
   b. Joint Account Indicator (JAI), and
   c. Personal Identification Number (PIN)
10. Click “Submit”, then “Print Debit Confirmation”.
11. Click “Close Window” to begin another transaction.

Eligible Client Accounts:
1. LANDBANK ATM Cards
2. LANDBANK Visa Debit Cards
3. BancNet member banks’ ATM/Debit Cards

A minimum transaction fee of P20.00 will be charged per successful transaction (additional P10.00 will be charged when using other BancNet member banks’ ATM/Debit Cards) and a payment confirmation receipt will be provided for your reference.

*If you choose to pay via LANDBANK Electronic Payment Portal, don’t forget to send your filled up enrollment form to NEQAS office for Registration.