

Application for Registration of Private Laboratories to perform Rapid Antigen Test for COVID 19

➤ **Laboratory Identification**

Province/District:

MOH area:

Name of the laboratory :

Name of the affiliated institute:

PHSRC Registration number of the laboratory or the institution: PHSRC/.....

Address :
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Telephone :

Fax No :

E-mail

Name of the Laboratory Director :

Qualification of the Laboratory Director :

Contact details of the Laboratory Director :

➤ **Designated personnel to do the test procedure**

a). Supervision:

Medical Officer

Name	Designation	Years of experience	Highest Education Qualification (Pls, provide evidence)	Training (Pls, provide evidence)

b). Sample Collection:

Medical Officer / Nursing Officer/ Trained Health care Workers

Name	Designation	Years of experience	Highest Education Qualification (Pls, provide evidence)	Training (Pls, provide evidence)

c). Test Performance:

Medical Officer / Nursing Officer/ MLT/ Trained Health care Workers

Name	Designation	Years of experience	Highest Education Qualification (Pls, provide evidence)	Training (Pls, provide evidence)

➤ **Location of Testing**

Availability of a well-ventilated outdoor setting with adequate space Yes/No

Availability of Waste disposal system Yes/No

➤ **Issue of Test Reports**

Result Authorizing Officer: Medical Officer

Name	Designation	Years of experience	Highest Education Qualification (Pls, provide evidence)	Training (Pls, provide evidence)

➤ **Notification RAT result**

Availability of a notification System or Lab Information Management System (LIMS)

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Director of the Laboratory

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Head of the Institute

Date of Application :