1	Name of Laboratory			
Laboratory Pict	cure	Address: (street/city) District: Province: Scope of the S COVID Non-COVID	ervices	Beneficiaries of the Services Hospitals (Private/Public) Direct Patients Municipalities Others If others, Please specify
Date of establish	Person:		Laboratory Category Contact email (institutional)	
Number of Staff	f: Technical no	on-Technical		
COVID-19 Laboratory services				
Date of starting COVID-19 testing(BS):			Source of reagents:	
Testing Capacity (per day): Total RT-PCR test done				
Total number of PCR Name of PCR Platform/Brand Name of RNA Name of RNA				
extraction machine extraction machine				
Best practices / Strength Good experience during COVID lab Operation			Challenges	Effect on Non-COVID services
<u>Information Management System</u> : Is the lab information management system integrated with IMU app?				
Name of software system QR code available				
Reporting to:	Patient	EDCD	HEOC Others	s (specify)
Quality Assurance			Sustenance plan	Recommendations
Validation done from(BS) DD/MM/YYYY				
EQA Program Participation Number of times participated				
National Proficiency Testing			Non-COVID19 Laboratory Capacity	
	Program Re-testing Program IQC	Dia	gnostic services	Major Equipment
International	RCPAQAP/ External Quality Assurance (WHO Supported)			

