Republic of the Philippines

Department of Health

Health Facility Development Bureau

**NATIONAL VOLUNTARY BLOOD SERVICE PROGRAM**

5th Floor Building 1, PBDTC, Lung Center Compound Quezon Avenue, Quezon City

Telephone No: (02) 995-3846 local 213 - 21

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| **National Blood Bank Network System (NBBNetS) Registration Form** | | | | | | | | | | | |
| **Blood Service Facility Data** | | | | | | | | | | | |
| Region: |  | | | | | | Date of Registration: | | |  | |
| Province: |  | | | | | | | | | | |
| Name of Blood Service Facility: | | |  | | | | | | | | |
| Address: | |  | | | | | | | | | |
| (No. Street Name Barangay City / Municipality) | | | | | | | | | | | |
| Landline Number: | |  | | | Fax Number: | | |  | | | |
| Mobile Number: | |  | | | E-mail Address of Contact Person/Facility: | | |  | | | |
| Contact Person: | |  | | | | | | | | | |
|  | | (Last Name, First Name, MI) | | | | | | | | | |
| License Number: | |  | | Date Issued: | |  | | | Date of Expiry: | |  |
| Facility Type: | | Pre-standing Hospital Base Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Facility Category: | | Blood Center Blood Station Blood Collection Unit Hospital Blood Bank    Hospital Blood Bank w/ Provision Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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| **General Information** | |
| Name of Head of Blood Service Facility (Pathologist): |  |
|  | |
| Classification According to:    Ownership: **DOH LGU PRC**  **DND Government Private** | |

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| **Check activities of the Blood Service Facility (BSF)** | | | |
|  | | **YES** | **NO** |
| 1. **Blood Collection** | |  |  |
| 1. **Blood Component Processing** | |  |  |
| 1. **TTI Testing** | |  |  |
| 1. **Blood Dispensing** | |  |  |
| 1. **Compatibility Testing** | |  |  |
|  | | | |
| **Blood Cold Chain Equipment** | **Temperature Range** | | |
| **1.** |  | | |
| **2.** |  | | |
| **3.** |  | | |
| **4.** |  | | |
| **5.** |  | | |

|  |  |  |  |  |  |  |
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| **Blood Service Facility System Administrator** | | | | | | |
| **No.** | **Name of User** | **Position/ Designation** | **Landline No.** | **Mobile No.** | **Fax No.** | **E-mail Address** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

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| --- | --- |
| ***Checked By:*** | ***Noted By:*** |
| Name of Section Head  (Signature Over Printed Name) | Name of Head of the Facility  (Signature Over Printed Name) |

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| **National Blood Bank Network System (NBBNetS)**  **Registration Details** | | |
| **TO BE COMPLETED BY NATIONAL BLOOD BANK NETWORK SYSTEM STAFF** | | |
| **Date of Registration**: | |  |
| **Name of Blood Service Facility**: | |  |
| **NBBNetS DETAILS**  **(**THIS INFORMATION IS STRICTLY CONFIDENTIAL**)** | | |
| **Facility Code**: |  | |
| **Username**: |  | |
| **Password**: |  | |

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| Name of NBBNetS Staff  (Signature Over Printed Name) |