

# CITIZEN'S CHARTER

## ANATOMIC PATHOLOGY

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER / EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	<b>Assessment of Specimen and Laboratory Request Form</b>	None	Completely filled out laboratory request form	2 mins.	Laboratory Receptionist	5 mins. - Incompletely filled out laboratory request form. - Mislabeled specimen
2	<b>Classification of Specimen and Charging of Laboratory Fee</b>	None	Completely filled out laboratory request form	2 mins.	Laboratory Receptionist	60 mins. - Downtime of HOMIS - Power interruption
3	<b>Payment of Laboratory Test Fee (for OPD patients only)</b>	Depends on the specimen submitted	Charge Slip and laboratory request	c/o Cashier	Cashier	c/o Cashier
4	<b>Submission of Specimen and Request Form (for OPD patients, show official receipt)</b>	None	Completely filled out laboratory request form and official receipt	2 mins.	Laboratory Receptionist	20 mins. - Increased number of specimens at the reception area.
5	<b>Performance of the Laboratory Test</b>	None	Completely filled out laboratory request form	Histopathology and Cytopathology: 10 working days Immunohistochemistry: 5 working days from the time of running	Medical Technologist Pathologist Resident / Physician	5 working days - Interconsultant referral - Pull out of specimens and tissue blocks for reprocessing, regrossing, recuts and restaining of slides Exemptions: machine breakdown and unavailability of reagents
6	<b>Release of Result</b>	None	Result, Release logbook and follow-up form A. For patients personally claiming their laboratory results: 1. Present a valid identification card/document 2. Present Official Receipt of payment /MAP Endorsement letter B. For relatives or other person authorized by the patient: 1. Present a valid identification card/document 2. Present an identification card of the patient with signature 3. Submit a written authorization letter duly signed by the patient 4. Present Official Receipt of payment/MAP endorsement letter (In compliance to Data Privacy Act 2012)	5 mins.	Laboratory Receptionist	1 hour - Review of Slides and editing of written report - Increased number of patients at the reception.

# CITIZEN'S CHARTER

## CLINICAL PATHOLOGY

### A. MAIN LABORATORY (MAIN)

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER / EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION / ACCEPTABLE REASON
1	<b>Submission of Specimen and /or Laboratory Request Form</b>	None	Completely filled out laboratory request form (For NBB patients, request form shall be signed by Consultant-in-Charge and NBB stamped)	10 mins.	Laboratory Receptionist, Medical Technologists, Physician, Nurse, Nursing Attendants	15 mins - Incompletely filled out Laboratory request. - Unacceptable sample (clotted/hemolyzed,QNS,etc)
2	<b>Charging of Fees</b>	Depends on the Laboratory test/s requested (Please refer to Service Menu)	Laboratory request form with corresponding price for each test requested	-For OPD patients 10 mins. -In - patients 15 mins	Laboratory Receptionist	60 mins. - Downtime of HOMIS15 mins - Increased number of patients
3	<b>Payment of Laboratory Test Fee (For OPD patients only)</b>	None	Charge slip and Laboratory Request Form	c/o Cashier	Cashier	*Patients availing Medical Assistance Program, Social Service, Z-package, Philhealth - please refer to Billing, Medical Social Service and Malasakit Center Citizen's Charter.
4	<b>Submission of Official Receipt and Sample Collection for OPD patients</b>	None	Official Receipt, Medical Assistance Program endorsement letter/ signed charge slip (for Social Service/PHIC/Z-package), and completely filled out Laboratory Request Form	5 mins.	Laboratory Receptionist Medical Technologist	15 mins. - Increased number of patients - Difficult extraction -Patient not in the reception area. - Uncooperative patient <b>Exemptions:</b> Patients availing Medical Assistance Program, Social Service, Z-Package, PhilHealth (Please refer to Billing, Medical Social Service and Malasakit Center Citizen's Charter)
5	<b>Checking-in through LIS, performance of the test and printing of results</b>	None	Laboratory Request	<b>Please refer to Service Menu</b>	Medical Technologist Pathologist Resident / Consultant	120 mins - Increased number of patients - Repeat testing including samples that need dilution - Recollection of sample - Referral * In case of machine breakdown and unavailability of reagents/supplies: a. For OPD - Not Available b. For NBB patients - to be sent out to other laboratory. Availability of result depends on the turn-around-time of the referral laboratory.
6	<b>Release of Laboratory Result</b>	None	Release logbook, Laboratory result <b>A. For patients personally claiming their laboratory results:</b> 1. Present a valid identification card/document 2. Present Official Receipt of payment/MAP Endorsement letter <b>B. For relatives or other person authorized by the patient:</b> 1. Present a valid identification card/document 2. Present an identification card of the patient with signature 3. Submit a written authorization letter duly signed by the patient 4. Present Official Receipt of payment/MAP endorsement letter <b>(In compliance to Data Privacy Act 2012)</b>	10 mins For OPD patients For In-Patient,specific warding time: 6:00 am 10:00 am 1:00 pm 3:00 pm 6:00 pm 10:00 pm	Medical Technologist	30 mins. - For OPD patients - Tests for confirmation - Increased number of patients 120 mins - For In-Patients after the scheduled time - Increased workload in the laboratory - Patient cannot be locate in the ward.

# CITIZEN'S CHARTER

## CLINICAL PATHOLOGY

### B. ER SATELLITE LABORATORY

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER / EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	Submission of Specimen and /or Laboratory Request form	None	Completely filled out Laboratory Request form	3 mins.	Patient's Watcher, Physician, Nurse, Laboratory Receptionist	15 mins. - Incompletely filled out Laboratory request. - unacceptable sample that needs recollection (clotted/hemolyzed,QNS,etc)
2	Sample Collection	None	Completely filled out laboratory request form	5 mins.	Medical Technologist	10 mins. -difficult extraction or uncooperative patient, 30 mins - patient not in their ER bed, due to procedures like UTZ/ Xray
3	Charging of Fees through MIS	Depends on the Laboratory test/s requested	Charge Slip or laboratory request with corresponding price for each test request	5 mins.	Medical Technologist	10 mins. - increased number of patients - Downtime of MIS ( manual entry to LIS is done )
4	Bar coding and Checking-in of specimen through LIS	None	Printed barcode, Laboratory Request	5 mins.	Medical Technologist	10 mins. - increased number of patients - Downtime of LIS
5	Performance of the test, validation and printing of results	None	Laboratory Request	25 mins. - Hema, CM/Para 50mins. - Clin Chem and Serology rapid tests	Medical Technologist, Pathologist Resident or Consultant	10 mins. - Hematology, Clinical Microscopy and Parasitology 1 hour -Routine Clinical Chemistry and Serology 2 hours -Immunochemistry For HIV/hepatitis profile - refer to TAT of Main Laboratory (4 Hrs) 1 hour - specimen is brought to main lab for processing and referral
6	Release of Laboratory Result	None	Result, Releasing Logbook ( In Compliance to Data Privacy Act of 2012) A. For patients personally claiming their laboratory results: 1. Present a valid identification card/document B. For relatives or other person authorized by the patient: 1. Present an identification card of the patient with signature. 2. Submit a written authorization letter duly signed by the patient.	1 min.	Medical Technologist	2 mins. - increased number of patients claiming results

# CITIZEN'S CHARTER

## CLINICAL PATHOLOGY

### C. BLOOD BANK

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER / EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	<b>Submission of request for Blood Unit/s</b>	None	Completely filled out request form	5 mins.	Blood Bank Staff, Attending Physician	30 mins. - Incompletely filled out request form. - Long queue
2	<b>Reservation of Blood Units</b>	None	Completely filled out Request form	15 mins.	Blood Bank Staff	30 mins. - Incompletely filled out request form  - Long queue
3	<b>Secure crossmatching request from Blood Bank</b>	None	Crossmatching Request form	5 mins.	Blood Bank Staff	30 mins. - Blood sample shared with other sections
4	<b>Submission of blood sample and completely filled out crossmatching form</b>	None	Crossmatching Request form	5 mins.	Blood Bank Staff, Attending Physician	30 mins. - Incompletely filled out crossmatching request forms - Unlabelled Sample - Labelled sample does not match entry in the crossmatching form - Insufficient sample
5	<b>Performance of Tests</b>	None	Crossmatching Request form, Crossmatching Result form, Crossmatching Logbook	4 hours	Blood Bank Staff Pathology Resident/consultant	1.5 hours - Incompatible crossmatching - Discrepant blood typing - For referral
6	<b>Payment of Fees/ Charging for in-patients</b>	<b>Processing Fee:</b> Packed RBC: 1,500.00 FFP: 1,000.00 Cryoprecipitate: 1,000.00 Whole Blood: 1,800.00 Platelet Concentrate: 1,000.00	Charge Slip	c/o Cashier	Cashier	c/o Cashier
7	<b>Release of Blood/ Blood Components and other Blood Products</b>	None	Properly filled out blood product request slip from authorized person	<b>15 mins.</b> (Packed Red Blood Cells/Whole Blood) <b>30 mins.</b> (Fresh Frozen Plasma) <b>30 mins.</b> (Platelet Concentrate & Cryoprecipitate)	Blood Bank Staff, Attendant/Nurses/Doctors	30 mins. - Incompletely filled out blood product request slip - Discrepant blood typing in the blood product request slip - Failure to inform Blood Bank for thawing of FFP and Cryoprecipitate

**NOTE: Step 6 for In-patients and Hemodialysis patients only.**

# CITIZEN'S CHARTER

## CLINICAL PATHOLOGY

### D. OUT PATIENT DEPARTMENT

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER / EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	<b>Submission of Specimen and /or Laboratory Request Form</b>	None	Completely filled out laboratory request form	10 mins.	Laboratory Receptionist, Medical Technologists, Physician	15 mins. - Incompletely filled out Laboratory Request Form. - Unacceptable sample (clotted/hemolyzed,QNS,etc)
2	<b>Charging of Fees</b>	Depends on the Laboratory test/s requested (Please refer to test menu) *Patients who can not afford the test fee/s shall be referred to the Medical Social Service for classification.	Charge Slip or Laboratory Request with corresponding price for each test request	for OPD patients -c/o cashier	Laboratory Receptionist, Supervised Medical Technology Interns, Medical Technologists	15 mins. - Downtime of HOMIS
3	<b>Submission of Official Receipt for OPD patients and Sample Collection</b>	None	Official Receipt , Completely filled out Laboratory Request Medical Assistance Program Endorsement letter and signed chargeslip	15 mins.	Laboratory Receptionist, Medical Technologist	15 mins. - Increased number of patients - Difficult extraction -Patient not in the reception area. - Uncooperative patient <b>Exemption:</b> Patients availing Medical Assistance Program, Social Service, Z- package, Philhealth (Please refer to Billing, Medical Social Service and Malasakit Center Citizen's Charter)
4	<b>Checking-in through LIS, performance of the test and printing of results</b>	None	Laboratory Request	Please refer to Laboratory Service Menu	Laboratory Receptionist, Medical Technologist, Pathologist, Resident / Consultant	90 mins - Except Culture and Sensitivity (1 day) - Increased number of patient -Prioritization of test to be done - Machine breakdown - Unavailability of reagents /supplies - Repeat testing -Recollection of sample - Referral
5	<b>Release of Laboratory Result</b>	None	Release Logbook, Laboratory Result For patients personally claiming their laboratory results: 1. Present a valid identification card/document 2. Present Official Receipt of payment/ MAP endorsement letter B. For relatives or other person authorized by the patient: 1. Present a valid identification card/document 2. Present an identification card of the patient with signature 3. Submit a written authorization letter duly signed by the patient 4. Present Official Receipt of payment/MAP endorsement letter <i>(In compliance to Data Privacy Act)</i>	10 mins for OPD patients	Medical Technologist	15mins - for OPD patients Tests for confirmation Increased number of patients

FOR COMMENTS AND SUGGESTIONS, PLEASE ADDRESS THEM TO:

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