



**MINISTRY OF HEALTH  
BRUNEI DARUSSALAM**

**APPLICATION FORM FOR ACCREDITATION OF HEALTH FACILITY/LABORATORY  
CENTRE**

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**A. HEALTH FACILITY/LABORATORY CENTRE PARTICULARS**

Name of facility/centre:

Address:

City:

Country:

Contact Numbers:

(Tel)

(Fax)

E-mail address(if available):

**B. MANPOWER**

Number of:

A. Pathologists \_\_\_\_\_ Specify \_\_\_\_\_ Resident 


  
Visiting

If visiting, number of centers \_\_\_\_\_

B. Scientists 


 a. Biochemistry  
b. Microbiology / Bacteriologist  
c. Haematology

C. Laboratory Technologist / Analyst \_\_\_\_\_

D. Physicians \_\_\_\_\_ Resident 


  
Visiting

If visiting, number of centers \_\_\_\_\_

E.. Quality Control / Safety Officer \_\_\_\_\_

**C. LABORATORY TESTS METHODS**

**1) Equipments used**

TEST	METHOD
HIV (antibody)	Method :  Instruments :  Second test :  Confirmatory test :
Hepatitis	Method :  Instruments :  Confirmatory test:
VDRL / TPHA	Method :  Instruments:  Confirmatory test :
Malaria Parasite	Method :  Instruments:  Confirmatory test :
Drugs (opiates / Cannabis / amphetamines)	Method :  Instruments :  Confirmatory test :
Urine Pregnancy	Method:  Instruments :  Confirmatory test :

Urine Examination	Colour	YES	NO
	Specific gravity	YES	NO
	Sugar	YES	NO
	Albumin	YES	NO
	Microscopic Examination	YES	NO
	Instruments used:		

## 2. Other equipments available

1. Biochemistry profile:
2. Haematology:
3. Advance Instruments (GC-MS):

### D. RECORD KEEPING

Manual ☐ Fully Computerised ☐ Both ☐

### E. QUALITY CONTROL

	Yes	No
Subscribe to internal quality control	<input type="checkbox"/>	<input type="checkbox"/>
Subscribe to external quality control	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of above, please state with which organization(s): \_\_\_\_\_

### F. ACCREDITATION / CERTIFICATION BY RELEVANT AUTHORITY

Yes specify ☐ Please \_\_\_\_\_  
 No ☐ *N.B Please attach a copy of the accreditation letter(s)*

License from \_\_\_\_\_ Authority for operation (if applicable; please attach photocopy of the operation)

### G. CHECKLIST

	Yes	No
Copies of all the qualifications of pathologists, laboratory Technologists, quality control or safety officers)	<input type="checkbox"/>	<input type="checkbox"/>
Photograph of the clinic, facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>

*All completed forms to be forwarded to:*

- 1) The Director General of Health Services  
Department of Health Services  
Ministry of Health  
Jalan Menteri Besar  
Bandar Seri Begawan  
Brunei Darussalam BB 3910*