

Municipal Health Office
(External)

1. National Tb Control Program

Case Finding, Case Holding, Health Education, Monitoring and Evaluation

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Ages			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>1 original copy of the following:</p> <ol style="list-style-type: none"> 1. Request for sputum examination from physician. 2. Sputum Gene Expert Result 3. X-ray Results 4. Philhealth ID 		<ol style="list-style-type: none"> 1. Physician on Duty 2. Laboratory Department JBDAPH Ligao City 3. MMG 4. Philhealth Office 		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements to the Nurse-in-charge	<ol style="list-style-type: none"> 1.1 Accept the requirements 1.2 Interview and receive sputum/gene expert request 1.3 Provide sputum/expert referral to laboratory 	None	5 minutes	<p><i>Nurse TB Coordinator</i></p> <p>Municipal Health Office</p>
2. Enrolment to TB-DOTS	<ol style="list-style-type: none"> 2.1. Evaluate presumptive TB based on clinical and laboratory evidence. 2.2. Refer all diagnosed TB patients to physician for appropriate treatment 2.3. Accomplish the NTP card 2.4 Agree with TB patient the mode of DOTS including the treatment partner 	None	15 minutes	<p><i>Nurse TB Coordinator</i></p> <p>Municipal Health Office</p>

3. Health Education and Counselling to all TB patients under treatment.	3.1 Continuous health education to patient, family members and community 3.2 Encourage community and family support to TB control.	None	20 minutes	<i>Nurse TB Coordinator RHM/NDP Nurse</i> Municipal Health Office
4. Monitoring and evaluation.	4.1 Maintain and update the TB Registry 4.2 Refer patients with adverse reactions to physician for evaluation and management 4.3 Supervise Treatment Partners 4.4 Update ITIS Report	None	20 minutes	<i>NDP Nurse/ RHM</i> Municipal Health Office <i>NTP Nurse Coordinator</i>
TOTAL		None	60 minutes	

2. Family Planning

Counseling of couples on how to control the number of children in the family and proper birth spacing using the different kinds of family planning methods.

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Women of reproductive age; partner			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 original copy of Family Planning Counseling Form		Barangay Health Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the family planning counseling form at the health center	1. Validate the family planning counseling form; check health and family history	None	10 minutes	Assigned Rural Health Midwife/NDP Nurse Municipal Health Office

2. Choose the best Family Planning commodity	2. Attend the orientation about the FP commodities	None	30 minutes	Assigned Rural Health Midwife/NDP Nurse Municipal Health Office
3. Follow up	3. Replenishment of commodity	None	10 minutes	Assigned Rural Health Midwife/NDP Nurse Municipal Health Office
TOTAL		None	50 minutes	

3. Provision of Pre-Natal Care, Post- Natal and Mother's Class

Medical consultation, conduct of laboratory tests and provision of essential medicines for pregnant women.

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Pregnant and Lactating Mother			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Mother's Booklet			Barangay Health Station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the health center for pre-natal check-up	1.1 Check vital signs, provide pre-natal/ mother's booklet	None	10 minutes	Assigned Rural Health Midwife/NDP Nurse
	1.2 Refer to laboratory for confirmation of pregnancy	None	10 minutes	
	1.3 IEC on importance of pre-natal checkup during pregnancy	None	10 minutes	Municipal Health Office and Barangay Health Stations
	1.4 Dispensing of ferrous sulfate tablet and Calcium Carbonate	None	10 minutes	
	1.5 Schedule for the next pre-natal visit	None	5 minutes	
TOTAL		None	50 minutes	

4. Provision of Post-Natal Care

Health consultation and provision of essential medicines after giving birth.

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Pregnant and Lactating Mother			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Present Mother's Booklet			Barangay Health Station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the Assigned Rural Health Midwife/NDP Nurse about the delivery at Rural Health Unit BEMONC Birthing Facility	1.1. Conduct home visit, check vital signs	None	10 minutes	<i>Assigned Rural Health Midwife/NDP Nurse</i>
	1.2. Provision of Vit. A and ferrous sulfate	None	10 minutes	
	1.3. IEC on importance of immunization and exclusive breast feeding.	None	10 minutes	Municipal Health Office/Barangay Health Stations
	1.4. Schedule for the immunization of the newborn.	None	5 minutes	
TOTAL		None	35 minutes	

5. Conduct of Mother's Class

Conduct of lectures on National Immunization Program, Nutrition, Importance of exclusive breastfeeding and other health programs about the mother and the baby.

Office / Division:	BHS MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Pregnant and Lactating Mother			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Mother's Booklet			Barangay Health Station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Attend the lecture	1.1 Registration of mothers attending the lecture.	None	10 minutes	Assigned Rural Health Midwife/ NDP Nurse Municipal Health Office
	1.2 Start of lecture on: 1. National Immunization Program 2. Nutrition 3. Importance of exclusive breastfeeding	None	40 minutes	Assigned Rural Health Midwife/ NDP Nurse Municipal Health Office
	1.3 Assessment and evaluation of the mothers	None	10 minutes	Assigned Rural Health Midwife/ NDP Nurse Municipal Health Office
TOTAL		None	1 hour	

6. Normal Spontaneous Delivery and Newborn Care

Full access to health services and to reduce the maternal and neonatal mortality thru the DOH's Maternal, Neonatal and Child Health Nutrition Program.

Office / Division:	MUNICIPAL HEALTH OFFICE (BEMONC Birthing Facility)			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Women about to give birth via NSVD Gravida 1- 4 only			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>Original Copy of the Following:</i> 1. Ultrasound and laboratory results 2. Health record with complete pre-natal consultation 3. PhilHealth ID		Diagnostic Laboratory Rural Health Midwife PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the facility about the on-going labor	1. Review the pre-natal record, laboratory findings, pregnancy and medical history and secure consent. 1.1 Rapid Assessment and vital signs taking	None	5 minutes 10 minutes	Rural Health Midwife/ Public Health Nurse on duty Municipal Health Office

2. Patient on active labor	2. Monitor progress of labor thru partograph at labor room and do internal examination	None	2 minutes	<i>RHM on duty</i> Municipal Health Office
	<p>2.1 Attend to normal spontaneous delivery (NSD) at the birthing room</p> <p>2.2 Initiate essential newborn care at the delivery room</p> <p>2.3 Start immune ization with Hepa B and BCG</p> <p>2.4 close monitoring and observation of mother and newborn, vital signs every 15 minutes</p> <p>2.5 Start exclusive breastfeeding after 30 minutes</p> <p>2.6 Counselling on Family Planning, EPI, Proper hygiene, exclusive breastfeeding, Nutrition and NBS.</p> <p>2.7 Discharge mother and newborn once vital signs stable after 24 hrs delivery</p>	<p>No Balance Billing for philhealth members Php 4,750 for non Philhealth</p> <p>none</p>	<p>30 minutes to 1 hr.</p> <p>30 minutes</p>	<p><i>Bemonc team on duty</i></p> <p>Municipal Health Office</p>
TOTAL				

7. Pre-Marriage Counseling

Couples who plan to get married and have a family will undergo Pre-Marriage Counselling as one of the requirements for Marriage License. This will help them understand the importance of birth spacing and controlling the number of children with the use of Family Planning.

Office / Division:	MUNICIPAL HEALTH OFFICE (BEMONC Birthing Facility)			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Couples			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>Original Copy of the Following:</i>				
1. 1 original Official Receipt		1. LGU Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Official Receipt to the City Health Office	1. Accept and Record the Official Receipt Number	P150.00	5 minutes	<i>POPCOM Officer</i> Municipal Health Office
2. Interview	2. .Interview of the couple	None	10 Minutes	<i>Midwife-in-charge</i> <i>POPCOM Officer</i> Municipal Health Office
3. Attend the Pre-marriage counselling	3. Conduct of Pre-Marriage Counselling with various topics that are relevant to the couple	None	1 hour	<i>Midwife-in-charge</i> <i>POPCOM Officer</i> Municipal Health Office/MSWD
4. Finished the PMC	4. Issuance of Pre-Marriage Counselling Certificate	None	20 minutes	<i>Midwife-in-charge</i> <i>POPCOM Officer</i> Municipal Health Office
TOTAL		P150.00	1 hour and 35 minutes	

8. Medical Consultation

Medical consultation conducted by the RHU Municipal Health Officer/ Rural Health Physicians to all Polanguenos

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All ages			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Client's Individual Treatment Record 2. Philhealth ID/ Membership Data Record-photocopy		1. RHU Municipal Health Office/OPD Dept. 2. PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring all the documents required	1. Accept the documents, enter in the logbook	None	5 minutes	<i>Assigned Rural Health Midwives/ Nurse</i> Municipal Health Office
2. Admission	2. Admission and Vital signs taking	None	10 minutes	<i>Assigned Rural Health Midwives/ Nurse</i> Municipal Health Office
3. Proceed to the Consultation Room	3. Conduct of Medical Consultation	None	15 minutes	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
4. Pharmacy	4. Dispensing of Medicines	None	10 minutes	<i>Pharmacy Aide</i> Municipal Health Office
5. Referral	5. Referral to the following for complicated cases: a. Laboratory b. Nutrition c. Dental d. Physical Therapy and Rehabilitation	None	10 minutes	<i>Municipal Health Officer/ Rural Health Physician/ Public Health Nurses</i> Municipal Health Office

	e. Mental Health			
6. Scheduling of Follow-up consultation	6. Instructed the patient for the follow up checkup and re-evaluation.	None	5 minutes	<i>Municipal Health Officer/ Rural Health Physician/ Public Health Nurses</i> Municipal Health Office
TOTAL		None	55 minutes	

9. Medical Certificates for Employment

Medical certificates issued and certified by the City Health Officer or Rural Health Physician as a requirement for employment.

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Polanguenos			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* Laboratory Results (not limited to Urinalysis, Fecalalysis, Chest X-ray, Complete Blood Count) original copy * OFFICIAL RECIEPT		1. Any Diagnostic Clinics 2. RHU Laboratory 3. Designated RHU Collecting Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring all the documents required	1. Accept the documents, enter in the logbook	None	10 minutes	<i>OPD assigned personnel</i> Municipal Health Office
2. Admission	2. Admission and Vital signs taking	None	10 minutes	<i>OPD Assigned Personnel</i> Municipal Health Office

3. Present the O.R.	3.1 Record in the logbook the O.R. Number 3.2 Preparation of Certificate	Php50.00	10 minutes	<i>Assigned OPD personnel</i> Encoder Municipal Health Office
4. Consultation and Physical Examination	4.1 Conducts physical examination 4.2 Signs the Certificate	None	15 minutes	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
5. Release of Certificate	5. Record and release the Certificate	None	5 minutes	<i>OPD Assigned Personnel</i> Municipal Health Office
6. Pharmacy	6. Dispensing of medicines if the patient needs to undergo oral medication.	None	5 minutes	<i>Pharmacy Aide</i> Municipal Health Office
TOTAL		P50.00	1 hour	

10. Examination of Medico Legal Cases

Physical and/or genital examinations provided to victims of Medico Legal Cases

Office / Division:	MUNICIPAL HEALTH OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All victims of Medico Legal Cases in the Municipality of Polangui			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* Blotter and request for physical examination from PNP (1 copy each)		PNP-Polangui, Albay		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Bring all the documents required	1. Accept the documents, enter in the logbook	None	10 minutes	<i>OPD Assigned Personnel</i> Municipal Health Office
2. Physical/ genital examination	2. Vital signs & history taking; Physical/ genital examination	P100.00	30 minutes	<i>Nurse/ Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
3. Release of medico legal certificate	3. Preparation of medico legal report	None	15 minutes	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
4. Referral to the other agency	4. Referral to CSWD/PNP	None	5 minutes	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
5. Pharmacy	5. Medicines	None	5 minutes	<i>Pharmacy Aide</i> Municipal n Health Office
TOTAL		100	1 hour and 5 minutes	

11. Post Mortem, Autopsy or Necropsy

Conduct of post mortem, autopsy, or necropsy to all untoward cause of deaths occurred outside of the hospital but in Polangui Albay (ex. Road accidents, suicide incidents)

Office / Division:	MUNICIPAL HEALTH OFFICE
Classification:	SIMPLE
Type of Transaction:	G2C - Client is the transacting public

Who may avail:

Victims of untoward cause of deaths in Polangui , Albay

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request letter from PNP (2 copies)		1. Officer-in- charge, PNP		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for post mortem/ autopsy from PNP	1.1 Receive and record the request	None	5 minutes	<i>OPD Personnel/ Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
2. Preparations of form	2.1 Preparation of Post Mortem/ autopsy forms and supplies	None	5 minutes	<i>Assigned OPD Personnel</i> Municipal Health Office
3. Conduct of Post Mortem/ autopsy	3.1 Examination of Cadaver	None	1-2 hours	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
4. Post Mortem report/ autopsy report	4.1 Processing of the report	None	2 days	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
	4.2 Record and release of Post mortem/ Autopsy/ Necropsy report	100.00	5 minutes	
TOTAL		100	2 days, 2 hours and 15 minutes	

12. Issuance of Sanitary Permit and Health Certificate

Sanitation Code of the Philippines (P.D. 856)

Office / Division:	MUNICIPAL HEALTH OFFICE- ENVIRONMENTAL HEALTH AND SANITATION DIVISION			
Classification:	COMPLEX			
Type of Transaction:	G2B - Government to Business Entity			
Who may avail:	Business Establishments in Polangui, Albay			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Bussiness Application form (1 original copy) 2. Residence Certificate (1 original copy) 3. Barangay Clearance 4. Laboratory examination (1 original copy) 5. Picture (1x1 2 copies for operator) (1x1 1 copy for employee)		1. LGU Treasurer's Office 2. Barangay Council 3. Barangay Council 4. RHU Laboratory 5. From the Client		
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Business Application Form and present all the requirements at Municipal Health Office	1. Receive and evaluate all the documents submitted by the client	None	15 Minutes	<i>Rural Sanitary Inspector III</i> <i>Rural Sanitary Inspector I</i> Municipal Health Office
2. Payment for the Sanitary Permit	2. Collection of fees	Sanitary permit P150.00 Health card P20.00	10 minutes	Municipal Treasurer's Office
3. Present the Official Receipt	3. Issuance of Health Card	None	5 minutes	<i>Rural Sanitary Inspector III</i> <i>Rural Sanitary Inspector I</i> Municipal Health Office

4. Submission of samples needed for the laboratory tests	4. Laboratory conducts stool examination, sputum examination or Chest X-ray and rectal swab	Stool exam: p30.00 Rectal swab: p100.00 (doh charge) Sputum exam: no charge	2 days	<i>Municipal Health Office's Laboratory staff</i> Municipal Health Office
5. Processing	5.1 Re-checking of the documents required.	None	20 minutes	<i>Rural Sanitary Inspector II</i> <i>Rural Sanitary Inspector I</i> Municipal Health Office
	5.2 Issuance of Sanitary Permit and Health Card if all the requirements are complied.	None	1 hour	<i>Municipal Health Officer/ Rural Health Physician</i> Municipal Health Office
	5.3 Records the Sanitary Permit and Health Card that will be released to the client.	None	1 day	<i>Rural Sanitary Inspector III</i> <i>Rural Sanitary Inspector I</i> Municipal Health Office
	5.4 Release the Health Certificate to be client	None	20 minutes	<i>Rural Sanitary Inspector III</i> <i>Rural Sanitary Inspector I</i> Municipal Health Office

TOTAL	P300.00	3 days, 2 hours and 10 minutes	
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13. Nutrition Assessment

Nutrition assessment, counseling, evaluation, management and/or referral of Malnourished cases.

Office / Division:	MUNICIPAL HEALTH OFFICE- NUTRITION DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All ages			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Discharge summary/ Doctor's referral (1 copy) 2. Latest laboratory tests 3. Philhealth ID (if available)		1. Government or private Hospital/Clinic 2. Government or private Hospital/Clinic 3. Philhealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit needed requirements	1. Receive and review submitted requirements	None	5 minutes	<i>Nutritionist/ Trained Nutrition Staff</i> Municipal Health Office
2. Assessment of Nutritional Status	2. Assess client's nutritional status: a. Anthropometric measurement of height and weight of patient. b. Gathering past medical history, and food allergies if present	None	5 minutes	<i>Nutritionist/ Trained Nutrition Staff</i> Municipal Health Office

3. Nutritional Counseling	3. One-on-one nutritional counseling	None	20 minutes	<i>Nutritionist/ Trained Nutrition Staff</i> <i>Municipal Health Office</i>
4. Evaluation, Management and or referral of malnourished cases	4.1 Conduct of appetite testing of ready to use therapeutic food (RUTF) for severely Acute Malnourished Cases (SAM)	None	10 minutes	<i>Nutritionist/ Trained Nutrition Staff</i> <i>Municipal Health Office</i>
	4.2 Instruction to caregivers how to use RUTF or dietary supplementation (6-59 months Pre-school child)	None	5 minutes	
	4.3 Coordination to BNS regarding the daily monitoring of RUTF consumed.		5 minutes 10 minutes 5 minutes	
5. Referral of In-patient Therapeutic Care	5. Referral of patient to Phil. Institution on the Management of Acute Malnutrition of BRTTH	None	2 hours	<i>Nutritionist/ Trained Nutrition Staff</i> <i>Municipal Health Office</i>
TOTAL		None	4 hours & 5 minutes	

14. Oral Health Care

Oral Health Education, Tooth Extraction , Flourization, Oral Examination

Office / Division:	MUNICIPAL HEALTH OFFICE- DENTAL
Classification:	SIMPLE
Type of Transaction:	G2C - Client is the transacting public
Who may avail:	All Polanguenos

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Client's Individual Treatment Record 2. Philhealth ID/ Membership Data Record		1. City Health Office- Dental 2. PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring all the documents required	1.1 Evaluate the documents 1.2 Record the patient in the logbook	None	5 minutes	<i>Dental Aide</i> Municipal Health Office
2. Admission	2.1 Fill out the chart/ oral examination 2.2 Vital signs taking/ BP taking to 25 y/o and above	None	15 minutes	<i>Dental Aide</i> Municipal Health Office
3. Treatment	3.1 Dentist review the chart for consultation, diagnosis and treatment 3.2 If medically compromised or complicated case for referral to a higher institution	None	45 minutes	<i>Dentist</i> Municipal Health Office
4. Post- Oral Treatment Care	4.1 Dispensing of oral medications 4.2 Instructions and health education	None	15 minutes	<i>Dentist</i> Municipal Health Office
5. Follow up	5.1 Instructed the patient about their follow up check-up for re-evaluation. 5.2 Advise to continue oral health care	None	10 minutes	<i>Dentist</i> Municipal Health Office
TOTAL		None	1 hour and 30 minutes	

15. Cbc – Complete Blood Count

Complete blood count of blood cells, hemoglobin and hematocrit determination for the patients of Polangui, Albay Health Office.

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Polanguenos			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Client's Individual Treatment Record 2. Laboratory Request 3. Philhealth ID/ Membership Data Record		1. Municipal Health Office 2. Physician 3. PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request at Municipal Health Office	1. Check validity of laboratory request for CBC	None	15 minutes	<i>Medical Technologist II / Laboratory Aide</i> Municipal Health Office
2. Processing Test Procedure	2.1 Specimen Collection 2.2 Analysis of blood sample collected for CBC	None	50 minutes	<i>Medical Technologist II Laboratory Aide</i> Municipal Health Office
3. Payment for the laboratory test	3. Issuance of charge slip	P150.00- Non PhilHealth FREE- With Philhealth	5 minutes	Assigned Collector
4. Present the Official Receipt	4.1 Preparation of the result (encoding)	None	10 minutes	<i>Medical Technologist II Laboratory Aide</i>
	4.2 Release of result to the patient	None	5 minutes	Municipal Health Office

TOTAL	Non-indigents p150.00	1 hour & 25 minutes	
	Indigents p100.00		
	With MDR (for pregnant women) Free		

16. Stool Examination/ Fecalysis

Laboratory Examination of Stool or Feces

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Polanguenos			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Client's Individual Treatment Record 2. Laboratory Request 3. Philhealth ID/ Membership Data Record		1. Municipal Health Office 2. Physician 3. PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request at City Health Office	1. Check validity of laboratory 2. request	None	15 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
2. Processing Test Procedure	1. Specimen Collection 2. Analysis of stool sample for fecalysis	None	50 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office

3. Payment for the laboratory test	3. Issuance of Order of payment	P30.00	5 minutes	Assigned Collector
4. Present the Official Receipt	4.1 Preparation of the result (encoding)	None	10 minutes	<i>Medical Technologist II/ Laboratory Aide</i>
	4.2 Release of result to the patient	None	5 minutes	Municipal Health Office
TOTAL		P30.00	1 hour & 25 minutes	

17. Hemoglobin and Hematocrit Test

Determination of Hemoglobin level for blood donors

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	Blood Donors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Donors History Questionnaire (DHQ)		1. Municipal Health Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Donors History Questionnaire	1. Evaluate if the Donors History Questionnaire is properly filled out.	None	15 minutes	<i>Medical Technologist II Laboratory Aide Municipal Health Office</i>
2. Hemoglobin test procedure	2. Collectoon of blood for hemoglobin determination	None	10 minutes	<i>Medical Technologist II Laboratory Aide Municipal Health Office</i>

3. Recording of results	3. record hemoglobin results then instruct patient to proceed to the physician	None	5 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
TOTAL		None	30 minutes	

18. Sputum Examination (Direct Sputum Smear Microscopy)

Detection of m. Tuberculosis Bacili

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public G2B - Government to Business Entity			
Who may avail:	All residents of Polangui and Business Establishments in Polangui Albay			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Sputum Sample 2. Laboratory Request		1. Client 2. Municipal Health Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request at City Health Office	1. Check validity of laboratory request for DSSM	None	5 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
2. Processing Test Procedure	2. Smearing and reading of sputum sample	None	3 days	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office

3. Present the Official Receipt	3. Release of result to the patient	None	5 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
TOTAL		None	3 days and 10 minutes	

19. Urinalysis

Laboratory examination of urine.

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Polanguenos			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Client's Individual Treatment Record 2. Laboratory Request 3. Philhealth ID/ Membership Data Record			1. Municipal Health Office 2. Physician 3. PhilHealth Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request at Municipal Health Office	1. Check validity of laboratory request	None	15 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
2. Processing Test Procedure	2. Specimen Collection	None	50 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office

3. Payment for the laboratory test	3. Issuance of charge slip	P30.00	5 minutes	Assigned Collector
4. Present the Official Receipt	4.1 Preparation of the result (encoding)	None	10 minutes	<i>Medical Technologist II/ Laboratory Aide</i>
	4.2 Release of result to the patient	None	5 minutes	Municipal Health Office
TOTAL		P30.00	1 hour & 25 minutes	

20. Blood Typing

Blood Type Determination (Slide Methods)

Office / Division:	MUNICIPAL HEALTH OFFICE- LABORATORY DIVISION			
Classification:	SIMPLE			
Type of Transaction:	G2C - Client is the transacting public			
Who may avail:	All Polanguenos			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request		1. Physician		
2. Philhealth ID/ Membership Data Record		2. PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request AT City Health Office	1. Check validity of laboratory request.	None	15 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office
2. Processing Test Procedure	1. Specimen Collection 2. Analysis of blood sample collected for Blood typing	None	50 minutes	<i>Medical Technologist II/ Laboratory Aide</i> Municipal Health Office

3. Payment for the laboratory test	3. Issuance of charge slip to be presented at City Treasurer's Office.	P50.00	5 minutes	Assigned Collector
4. Present the Official Receipt	4.1 Preparation of the result (encoding)	None	10 minutes	<i>Medical Technologist II/ Laboratory Aide</i>
	4.2 Release of result to the patient	None	5 minutes	Municipal Health Office
TOTAL		P50.00	1 hour & 25 minutes	

