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FORM D

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERLY AND
CHILDREN
PRIVATE LABORATORIES BOARD**

**APPLICATION TO BE REGISTERED AND OPERATE AS REPRESENTATIVE
RETAILER SELLER/ DEALER FOR HEALTH LABORATORY AND/OR SUPPLIES
IN TANZANIA**

1.0 PART A: APPLICANT'S PARTICULARS

(To be filled by fully registered Health Laboratory Practitioner or Pathologist)

I (Name of Applicant)
Resident of
of Postal address
Region.....District.....Ward.....
Telephone Number:Mobile Number:.....
Email.....

2.0 PART B: FACILITY / PREMISES PARTICULARS

(To be filled by the Applicant)

Facility identification:

(i) Facility / Premise Name:
(ii) Applying to be registered and operate as a Dealer/Retail seller* of the following health
laboratory product and/or supplies
.....
.....

(iii) Name of the owner..... Qualification

3.0 PART C: HUMAN RESOURCES PARTICULARS

Registered Health Laboratory Practitioner or Pathologist who is representative to manage the
facility / premise
.....

Postal and Physical Address

Qualification.....

Professional registration number

*Delete whichever is inapplicabl

4.0 PART D: APPLICANT DECLARATION

I the undersigned declare and certify that to the best of my knowledge, the particular stated
above are true and correct.

Name of applicant Signature

Date

5.0 PART E: TO BE FILLED BY THE DISTRICT LABORATORY TECHNOLOGIST

I certify that I have inspected the mentioned

(name of the facility).....

on (Date).....Accompanied.....

by.....

and found that:

(i) The premises met / do not meet* the standards as indicated in the Regulations

(ii) The facility has / has no* the Registered Health Laboratory Practitioner or Pathologist who is responsible to manage the facility / premise. I recommend / do not recommend* the above application for registration for the following

reason(s).....
.....
.....
.....

*Delete whichever is inapplicable

Name:.....

Address.....

Designation.....

Date.....Signature.....

6.0 PART F: TO BE FILLED BY THE DISTRICT MEDICAL OFFICER

I Recommend (Name of Laboratory)..... Health

Laboratory situated at.....for registration.

Designation.....

Date.....Signature.....

7.0 TO BE FILLED BY THE REGIONAL LABORATORY TECHNOLOGIST

I certify that I have inspected the mentioned

(name of the facility).....

on (Date).....Accompanied.....

by.....

and found that:

(iii) The premises met / do not meet* the standards as indicated in the Regulations

(iv) The facility has / has no* the Registered Health Laboratory Practitioner or Pathologist who is responsible to manage the facility / premise. I recommend / do not recommend* the above application for registration for the following

reason(s).....
.....

.....
.....
*Delete whichever is inapplicable

Name:.....

Address.....

Designation.....

Date.....Signature.....

8.0 TO BE FILLED BY THE REGIONAL MEDICAL OFFICER/CITY MEDICAL OFFICER OF HEALTH

Comments of the Regional Medical Officer

.....
.....
Date.....Signature.....

Attachments to this Application Form:

- (i) Triplicate filled forms [one copy to Registrar (PHLB), Regional / Municipal, kept by applicant]
- (ii) Certified copies of Professional Registration Certificates (from HLPC)
- (iii) Full time personnel and Laboratory Managers's Curriculum Vitae
- (iv) Employment Contract of working with particular laboratory

NB: This form needs to be filed in triplicate, and shall be attached with copies of certificates of registration or license to practice signed at the back by the applicant, certified one copy to be forwarded to the Registrar, another copy to the Regional / Municipal Authorized Officer who will inspect the premise and the other copy to be kept by the applicant for record purposes. Nonrefundable Application fee of 15,000/= should be paid through NMB Account which will be directed upon request by calling PHLB Mobile Number 0738905485 to get a Control number in the name of Private Health Laboratories Board.

Dully filled form attached with Bank Pay Slip should be addressed to:

Registrar,
Private Health Laboratories Board
Samora Machel Avenue
P.O.Box 9073
Dar es Salaam