



THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH COMMUNITY DEVELOPMENT, GENDER, ELDELY AND
CHILDREN**

PRIVATE HEALTH LABORATORIES BOARD

**APPLICATION FOR REGISTRATION/RE-REGISTRATION OF A HEALTH
LABORATORY FACILITY**

1.0 PART A – APPLICANT’S PARTICULARS

(To be filled by a Fully Registered Health Laboratory Practitioner or Pathologist, or Facility In charge of Clinic, Dispensary, Health Centre or Hospital to be registered).

I (name).....

of residence.....

Applicant’s address.....

Region.....District.....ward.....

Tel No. Mob. Phone No.

E-mail:

Do hereby apply for registration of Health Laboratory situated at (physical Address)

.....

2.0 PART B - FACILITY PARTICULARS

To be filled by the applicant

2.1 Facility identification:

(i) Facility Name:Attached or Autonomous *

(ii) Registration No. (if facility previously registered)

(iii) OwnerQualification

(iv) Physical address (indicate plot number).....

*** Delete whichever inapplicable**

2.2 Type of a health laboratory level (tick appropriate option)

- (i) Specimen collection point ()
- (ii) Level IA₂ (Dispensary Laboratory) ()
- (iii) Level IA₁ (Health centre Laboratory) ()
- (iv) Level IIA₂ (District Laboratory) ()
- (v) Level IIA₁ (Regional Laboratory) ()
- (vi) Level III Multipurpose Health Laboratory ()
- (vii) Level III single purpose Health Laboratory ()

2.3 Registered Health Laboratory Practitioner/Pathologist who shall manage the laboratory:

Name Qualification

Professional Registration No. Signature

Address

Full time employer

2.4 Condition of the Laboratory building (premises)

- (i) Size of the reception room (sq. metre).....
- (ii) Number of working rooms (sq. metre).....
- (iii) Number of the laboratory offices.....
- (iv) Type of the floor (specify if cemented or with tiles)
- (v) Type of working bench tops
- (vi) Number of sinks available
- (vii) Number of toilets available
- (viii) Kind of water supply
- (ix) Kind of waste disposal system

2.5 Major equipment available. (indicate type and serial numbers).

- (i)serial No.
- (ii)serial No.
- (iii)serial No.
- (iv)serial No.
- (v)serial No.
- (vi)serial No.
- (vii)serial No.
- (viii)serial No.
- (ix)serial No.
- (x)serial No.

2.6 Full time Personnel (Human Resource) available

| S/No | Name | Qualification | Registration No. |
|------|------|---------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
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| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |

2.7 Indicate the distance in Kilometers from the nearest

- (i) Private health laboratory facility
- (ii) Other health facility with laboratory
- (iii) Other health facility without laboratory

2.8 I certify that I have read and understood the Regulations for Act No. 10 of 1997 and I do promise to adhere to the Regulations. I also certify that the particulars stated here in this application are correct in every detail.

Name of applicant..... Signature.....Date.....

PART C (DISTRICT LEVEL)

3.0 TO BE FILLED BY THE DISTRICT LABORATORY TECHNOLOGIST

3.1 I certify that I have inspected the mentioned (name the facility)

health laboratory facility on (date)

.....

Accompanied by

and found that:

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

(b) The facility has/has not* the essential equipment and supplies for type of the

health laboratory group

(c) Human resource is adequate/inadequate* in relation to that type of the health

Laboratory group

3.2 I recommend/do not recommend* the above application for registration for the following reason(s).

.....
.....
.....

*** Delete whichever is inapplicable.**

Name

Address

.....
Designation

Date Signature

3.3 TO BE FILLED BY DISTRICT MEDICAL OFFICER

OR MUNICIPAL MEDICAL OFFICER OR HEALTH

I recommend (Name of Laboratory)

Situated at for registration

.....

Name of DMO/MMOH

.....

Signature

.....

Date

Designation

Date..... Signature

PART D (REGIONAL LEVEL)

4.0 TO BE FILLED BY THE REGIONAL LABORATORY TECHNOLOGIST

4.1 I certify that I have inspected the mentioned (name the facility)
.....on (date)

.....

Accompanied by

and found that:

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

(b) The facility has/has not* the essential equipment and supplies for type of the
health laboratory group

(c) Human resource is adequate/inadequate* in relation to that type of the health
Laboratory group

4.2 I recommend/do not recommend* the above application for registration for the
following reason(s).

.....

.....

.....

*** Delete whichever is inapplicable.**

Name

Address

.....

Designation

Date Signature

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

Comments of the Regional Medical Officer

.....
.....

NameSignature

Date

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 Manager's Curriculum Vitae
- (iv) Employment Contract of working with a particular Laboratory

NB: This form needs to be filed in triplicate, and shall be attached with copies of certificate of registration or licence 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** by prior communication with the PHLB Officers to provide you with the **Control Numbers, through +255(0)738 905485**.
Dully filled form attached with bank pay slip should be addressed to:

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

PART E (for official use)

5.0 PRIVATE HEALTH LABORATORIES BOARD DECISION

5.1 The application reference No. is

Name of the facility

Health Laboratory Level

Applicant
.....
.....

5.2 This application form was discussed by the Private Health Laboratories Board meeting held on and approved/rejected* the application.

5.3 Health laboratory registration No. is (.....)

***Delete whichever is inapplicable**

.....

Date

.....

Registrar