# CITY OF IMUS DIAGNOSTIC LABORATORY EXTERNAL SERVICES



# 1. COVID-19 TESTING BY RT-PCR METHOD FOR OUTPATIENTS

COVID-19 RT-PCR is a reverse transcription polymerase chain reaction (RT-PCR) for the detection of RNA from SARS-CoV-2 in respiratory samples (oropharyngeal and/or nasopharyngeal) collected from individuals with symptoms or other reasons to suspect COVID-19.

(oropilaryrigear and/or riasopilaryrige	ai) collected from individuals with symptoms of	other reasons to susper	51 CO VID-19.	
OFFICE OR DIVISION	City of Imus Diagnostic Laboratory			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Gover	nment to Business, G20	G – Government to Gove	rnment
WHO MAY AVAIL THE SERVICE	ALL			
	OF REQUIREMENTS		WHERE TO SECUR	RE
A. For Examination				
Sample linelist		Requesting Physician		
Laboratory request form		Requesting Physician	<u> </u>	
<ol><li>Case Investigation Form (</li></ol>		Requesting Physician		
	r patient eligible to avail Philhealth benefits:	Requesting Physician	or Referring facility	
Annex E and Philhealth ID				
B. Release of Results				
Official Receipt (if any)		Cashier		
	lid ID from the patient and Valid ID of	Patient or authorized representative		
authorized representative				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the required	1.1 Receive the required documents and	None	30 minutes	Medical technologists
documents and present other	inspect based on the completeness of data.			Administrative Officer/
relevant documents (ex, doctor's	404			Administrative Assistant
request) with complete patient's		None		
data to the reception area of City of	Philhealth COVID-19 benefits.			
Imus Diagnostic Laboratory.		N	10	A. I
2. Present the forms to the cashier	7 1		10 minutes	Administrative Officer/
booth for checking of Philhealth	·	Philhealth members		Administrative Assistant
documents.	swabbing area.	DLID 2 000 :f mot o		Cashier
2. If not aligible for Philhealth nov	2.2 Passive the payment and issue as	PHP 2,000 if not a	E minutos	
the amount indicated.	2.2 Receive the payment and issue an official receipt.	eligible for Philhealth and for	5 minutes	
the amount indicated.	LOUICIAL (ECEIDI	Philinealth and for		
	omoiai recoipt.	non Dhilhaalth		
	omolar recorpt.	non Philhealth		
	omolar receipt.	non Philhealth members		
	omolar receipt.	members		
	omolar receipt.			





		avail pooled testing		
3. Proceed to the swab booth for the collection of samples.	3.1 Receive all the documents, verify and instruct the patient on the process of sample collection.	None	10 minutes	Medical Technologist Pathologist Laboratory Clerk Laboratory Alde
	3.2 Perform a swab collection and label all the samples with patient's information, date and time of specimen collection and other relevant details.	None	15 minutes	
	3.3 Instruct the patient on the process of releasing results.	None	5 minutes	
	3.4 Bring samples to the reception area of City of Imus Diagnostic Laboratory for testing (this is done after all the patients on queue are done with the procedure).	None	30 minutes	
	3.5 Receive the samples and endorse it to the processing area for COVID-19 testing by RT-PCR method.	None	30 minutes	
	3.6 Perform COVID-19 testing by RT-PCR.	None	12 hours	
	3.7 Verify the test result.	None	4 hours	
	3.8 Encode the official result and submit a report to the Department of Health.	None	2 hours	
Claim the result at the reception area of City of Imus Diagnostic Laboratory	4. Print the official result, ask for proof of payment (if any), proof of identification/authorization letter and release the copy of the result to the patient.	None	10 minutes	Medical Technologist
Or	Or			





4. Inquire and claim the result via	4. Reply to patient's inquiry and ask for proof	None	10 minutes	
electronic mail	of payment (if any), proof of			
	identification/authorization letter and release			
	the e-copy of the result to the patient.			
	Fill-out Client Satisfact	ion Rating Form		
	TOTAL	Based on	24 hours	
		assessment		



## 2. COVID-19 TESTING BY RT-PCR METHOD FOR OTHER REFERRING FACILITIES

COVID-19 RT-PCR is a reverse transcription polymerase chain reaction (RT-PCR) for the detection of RNA from SARS-CoV-2 in respiratory samples (oropharyngeal and/or nasopharyngeal) submitted and collected by the referring facilities from individuals with symptoms or other reasons to suspect COVID-19.

OFFICE OR DIVISION	City of Imus Diagnostic Laboratory	City of Imus Diagnostic Laboratory			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Gover	nment to Business, G20	G – Government to Gove	rnment	
WHO MAY AVAIL THE SERVICE	ALL				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
A. For Examination					
Sample linelist		Requesting Physician	or Referring facility		
<ol><li>Laboratory request form</li></ol>		Requesting Physician	or Referring facility		
3. Case Investigation Form (	CIF)	Requesting Physician	or Referring facility		
4. Additional requirements fo	r patient eligible to avail Philhealth benefits:	Requesting Physician	or Referring facility		
Annex E and Philhealth ID			-		
B. Release of Results					
1. Official Receipt (if any)		Cashier			
	lid ID from the patient and Valid ID of	Patient or authorized representative			
authorized representative					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present and submit the required	1.1 Receive the required documents and	None	1 hour	Medical technologists	
documents with complete patient's	inspect based on the completeness of data.			Administrative Officer/	
data to the reception area of City of				Administrative Assistant	
Imus Diagnostic Laboratory.	1.2 Assess if the patient is eligible to avail the				
	Philhealth COVID-19 benefits.				
2. Present the forms to the cashier	2.1 Verify patients and request information	None for eligible	10 minutes	Medical technologists	
booth for checking of Philhealth	and instruct the courier to proceed to the	Philhealth members		Administrative Officer/	
documents.	reception area.			Administrative Assistant	
		PHP 2,000 if not a			
2. If not eligible for Philhealth, pay	2.2 Receive the payment and issue an	eligible for 5 minutes			
the amount indicated.	official receipt	Philhealth and for			
		non Philhealth			
		members			
		DUD 900 if group of			
		PHP 800 if group of five and wanted to			
		avail pooled testing			
		avali bodied jesiind	1		



3. Get the Document	3.1 Receive the samples and endorse it to	None	30 minutes	Medical Technologist
	the processing area for COVID-19 testing by			Pathologist
	RT-PCR method.			Laboratory Clerk
				Laboratory Aide
	3.2 Perform COVID-19 testing by RT-PCR.	None	12 hours	
	3.3 Verify the test result.	None	4 hours	
	3.4 Encode the official result and submit a report to the Department of Health.	None	2 hours	
	3.5 Send the official result to the email address of the referring facility.	None	30 minutes	
4. Claim the result at the reception area of City of Imus Diagnostic Laboratory	4. Print the official result, ask for proof of payment (if any), proof of identification/authorization letter and release the copy of the result to the patient.	None	10 minutes	Medical Technologist Laboratory Clerk
Or	Or			
4. Inquire and claim the result via	4. Reply to patient's inquiry and ask for proof	None		
electronic mail	of payment (if any), proof of			
	identification/authorization letter and release			
	the e-copy of the result to the patient.			
	Fill-out Client Satisfact			
	TOTAL	Based on	24 hours	
		assessment		



## 3. ROUTINE CLINICAL LABORATORY TESTING FOR OUTPATIENTS

Clinical laboratory services are diagnostic tests performed on various patient samples to aid in the diagnosis, monitoring, and treatment of diseases and medical conditions. The laboratory services encompass various disciplines such as clinical chemistry, hematology, and clinical microscopy.

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OFFICE OR DIVISION	City of Imus Diagnostic Laboratory			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Gover	nment to Business, G2G	G – Government to Gove	rnment
WHO MAY AVAIL THE SERVICE	ALL			
	OF REQUIREMENTS		WHERE TO SECUR	RE
A. Examination				
1. Prescription		Rural Health Physician facilities	from Imus City Health C	Offices/Physician from other
2. Patient Information Slip		City of Imus Diagnostic	Laboratory Reception	
3. Laboratory Request Form		City of Imus Diagnostic	Laboratory Reception	
4. Charge slip (if applicable)				
5. Senior Citizen's I.D. (if app	olicable)	Office of the Senior Cit	izens Affairs, 1F, New G	overnment Center
6. Persons with Disabilities (i	f applicable)	Persons with Disability	Affairs Office, 1F, New O	Government Center
B. Release of Results				
1. Official Receipt (if any)		Cashier		
<ol><li>Authorization letter and va</li></ol>	lid ID from the patient and Valid ID of	Patient or authorized representative		
authorized representative				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Acquire a queuing number at	, · · · · · · · · · · · · · · · · · · ·	None	10minutes	Laboratory
the reception area and wait for your	system and assess patient preparation			Receptionist/Medical
number to be called.	based on the testing prerequisites.			Technologist
1.2 A priority lane is designated for senior citizens, pregnant, and persons with disabilities.				
Condition specific: Cutoff for fasting samples: 10:00 A.M.				
2. Present the prescription form to the reception area.	2.1 Receive and inspect the forms for the completeness of data.	None	10minutes	Laboratory Receptionist/Medical Technologist

· ·	2.2 Receive and inspect specimen condition			
information slip (for new patients).	(if applicable).		_	
3. Acquire a charge slip from the reception area and proceed to the cashier booth for payment (if applicable).	3.1 Verify patient identity and charge the appropriate services to be provided.	None	10 minutes	Laboratory Receptionist/Medical Technologist
	3.2 Instruct the patient to settle the fees in the cashier booth (if applicable).	Testing fees to be paid in the cashier booth are based on City Ordinance no. 05-2020 s. 2023		Cashier
4. Present the official receipt to the reception area.	4. Copy the official receipt number and log all the necessary information in the PhilHealth logbook.	None	5 minutes	Laboratory Receptionist/Medical Technologist
5. Proceed to the blood extraction area.	5.1 Endorse the patient along with laboratory request forms to the phlebotomist for blood extraction.	None	1 minute	Medical Technologist
	5.2 Verify patient identity and explain the blood collection process.	None	2 minutes	
	5.3 Perform the blood collection and label all the tubes with the patient's full name.	None	30 minutes	
	5.4 Advise the patient about the turnaround time in releasing results.	None	1 minutes	
	5.5 Float the samples to their respective sections for testing (done for every 10 samples).	None	10 minutes	
6. Wait for the results.	6.1 Process all the samples accordingly.	None	3 hours	Medical Technologist
	Clinical Microscopy: 2 hours Hematology: 2 hours Clinical Chemistry: 3 hours			

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	6.2 Verify and release the generated results in the electronic portal.	None	1 hour	
7. Claim the result at the reception area of the City of Imus Diagnostic Laboratory.  Or	7.1 Ask for the official receipt and valid I.D. of the patient. For patients' representatives, ask for an authorization letter along with a photocopy of both the patient's and the representative's valid I.D.	None	10 minutes	Laboratory Receptionist/Medical Technologist
7. Inquire and claim the result via electronic mail/portal.	7.2 Print and release the official result.	None		
Condition specific:	7.3 Reply to patient's inquiry and ask for proof of payment (if any), proof of identification/authorization letter and release the e-copy of the result to the patient.	None		
	Fill-out Client Satisfact	ion Rating Form		
	TOTAL	Based on	5 hours and 29	
		assessment	minutes	



### 4. SPECIAL LABORATORY TESTING FOR OUTPATIENTS

A special test is conducted on various patient samples to aid the physician in the diagnosis of a specific medical condition, monitor certain progression, and develop appropriate treatment plans. The laboratory services encompass various disciplines such as Immunology, Serology and Bacteriology.

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OFFICE OR DIVISION	City of Imus Diagnostic Laboratory			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C - Government to Citizens, G2B - Gov	ernment to Business, G20	G – Government to Gove	rnment
WHO MAY AVAIL THE SERVICE	ALL			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
A. Examination				
Prescription		Rural Health Physician fr facilities	om Imus City Health Office	ces/Physician from other
2. Patient Information Slip		City of Imus Diagnostic L	aboratory Reception	
3. Laboratory Request Form		City of Imus Diagnostic L	aboratory Reception	
4. Charge slip (if applicable)				
5. Senior Citizen's I.D. (if app	olicable)	Office of the Senior Citize	ens Affairs, 1F, New Gov	ernment Center
6. Persons with Disabilities (i	f applicable)	Persons with Disability A	ffairs Office, 1F, New Go	vernment Center
B. Release of Results				
1. Official Receipt (if any)		Cashier		
<ol><li>Authorization letter and va</li></ol>	2. Authorization letter and valid ID from the patient and Valid ID of Patient or authorized representative			
authorized representative				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Acquire a queuing number at the reception area and wait for your number to be called.	1. Call out a number from the queuing system and assess patient preparation based on the testing prerequisites.	None	10 minutes	Laboratory Receptionist/Medical Technologist
A priority lane is designated for senior citizens, pregnant, and persons with disabilities.				
the reception area.	2.1 Receive and inspect the forms for the completeness of data.	None	5 minutes	Laboratory Receptionist/Medical Technologist
·	2.1 Receive and inspect specimen			
information slip (for new patients).	condition (if applicable).		20 minutes	Loborotoni
	3.1 Verify patient identity and charge the appropriate services to be provided.	= OXOX	30 minutes	Laboratory Receptionist/Medical

cashier booth for payment (if				Technologist
applicable).	3.2 Instruct the patient to settle the fees in the cashier booth (if applicable).	Testing fees to be paid in the cashier booth are based on City Ordinance no. 05-2020 s. 2023		Cashier
4. Present the official receipt to the reception area.	4. Copy the official receipt number and log all the necessary information in the PhilHealth logbook.	None	2 minutes	Laboratory Receptionist/Medical Technologist
5. Proceed to the specimen collection area.	5.1 Endorse the patient along with laboratory request forms to the phlebotomist for specimen collection.	None	1 minute	Medical Technologist
	5.2 Verify patient identity and explain the specimen collection process.	None	5 minutes	
	5.3 Perform specimen collection and label all the tubes with the patient's full name.	None	30 minutes	
	5.4 Advise the patient about the running day and turnaround time in releasing results.	None	1 minute	
	5.5 Float the samples to their respective sections for testing (done for every 10 samples).	None	10 minutes	
6. Wait for the results.	6.1 Temporary storage of the samples until the actual day of testing.	None	5 days	Medical Technologist
	6.2 Process all the samples accordingly. Immunology: 4 hours Serology: 4 hours Bacteriology: 5 days	None		Medical Technologist

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	6.3 Verify and release the generated results in the electronic portal.	None		Medical Technologist	
	8.1 Ask for the official receipt and valid I.D.	None	10 minutes	Laboratory	
area of the City of Imus Diagnostic				Receptionist/Medical	
Laboratory.	representatives, ask for an authorization			Technologist	
Or	letter along with a photocopy of both the patient's and the representative's valid				
	I.D.				
8. Inquire and claim the result via					
electronic mmail/portal.	8.2 Print and release the official result.				
Condition specific:	8.3 Reply to the patient's inquiry and ask				
Immunology: 3 days after extraction	for proof of payment (if any), proof of				
Serology: 3 days after extraction	identification/authorization letter, and				
Bacteriology: 5 days after specimen	• •				
collection	patient.	action Dating Form			
	Fill-out Client Satisfaction Rating Form				
	TOTAL	Based on assessment	5 days, 1 hour, 44 minutes		



# 5. DRUG TESTING (SCREENING) FOR OUTPATIENTS

Drug of abuse testing is employed under the Comprehensive Dangerous Acts of 2002 or Republic Act of 9165. It involves the detection and analysis of specific substances or their metabolites in the urine.

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OFFICE OR DIVISION	City of Imus Diagnostic Laboratory					
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Gov	vernment to Business, G2G	G – Government to Gove	rnment		
WHO MAY AVAIL THE SERVICE	ALL					
CHECKLIST (	OF REQUIREMENTS		WHERE TO SECURE			
A. Examination						
Drug Testing Consent For	m (DT-001)	<b>Drug Testing Reception A</b>	rea			
<ol><li>Custody and Control Form</li></ol>	l .					
2.1 CCF DT-002A: Do	onor's Copy	<b>Drug Testing Reception A</b>	rea			
2.2 CCF DT-002B: Co	ollection site Copy	<b>Drug Testing Reception A</b>	rea			
2.3 CCF DT-002C: La	aboratory Copy	Drug Testing Reception A	rea			
2.4 CCF DT-002D: C	onfirmatory Laboratory Copy	Drug Testing Reception A	rea			
B. Release of Results						
1. Official receipt (if any)		Cashier/Drug Testing Analyst				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.1 Acquire a queuing number at	1. Call out a number from the queuing	None	10 minutes	Drug Test Analyst		
the reception area and wait for your	system.					
number to be called.						
A priority lane is designated for						
senior citizens, pregnant, and						
persons with disabilities.						
	2. Verify client information for any pending	None	15 minutes	Drug Test Analyst		
reception area once the number						
was called.	cannot be conducted.					
3. Pay the drug testing fee at the		P 200.00	10 minutes	Cashier		
cashier's booth.	testing fee					
4. Present the official result to the	4. Copy the official receipt number and log	None	2 minutes	Drug Test Analyst		
drug testing reception area.	all the pertinent information in the					
	logbook.					
5. Accomplish the drug testing		None	30 minutes	Authorized Specimen		
consent form and four (4) custody	completeness of data.			Collector		
and control forms.						

6. Proceed to the Biometrics Area.	6. Register the client in the Biometrics	None	1 hour	Drug Test Analyst
7.1 Proceed to the waterless	7.1 Instruct the client to remove all	None	30 minutes	Authorized Specimen
specimen collection area.	unnecessary outer garments and empty			Collector
	his/her pockets.			
7.2 Provide sufficient urine sample				
7001 111	7.2 Observe the entire collection			
7.3 Submit the sample to the authorized specimen collector	procedure			
	7.3 Receive, inspect, and label the			
	specimen container with the client's			
	details.			
	7.4. Advise the noticet about the woming			
	7.4 Advise the patient about the running day and turnaround time in releasing			
	results.			
8. Wait for results.	8. Process the received samples	None	2 hours	Drug Test Analyst
o. Wait for foodito.	accordingly.	140110	2 110010	Drug 100t/maryot
9. Present the Official Receipt and		None	10 minutes	Drug Test Analyst
claim the result at the reception	of the patient.			
area of the City of Imus Diagnostic	·			
Laboratory (Drug Testing)	9.1 Release the official result.			
Fill-out Client Satisfaction Rating Form				
	TOTAL	P 200.00	4 hours, 52 minutes	

