



Newborn Screening Center -nih

Institute of Human Genetics National Institutes of Health
University of the Philippines, Manila
Rm. 102, Building H, UP Ayala Land Technohub Complex
Commonwealth Avenue, Diliman, Quezon City, 1101 Philippines



**TO: THE MEDICAL DIRECTOR/ADMINISTRATOR/CHIEF OF HOSPITAL/
NBS COORDINATOR**

FROM: ANNA LEA G. ELIZAGA, MD, MPH, FPPS
Head

NSF PROTOCOL 22.1: NEWBORN SCREENING FACILITY (NSF) PROTOCOL

Please see attached Newborn Screening Facility (NSF) Protocol with the following contents:

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The attachments include the Expanded Newborn Screening ordering scheme, guidelines and courier services. At the end of this document, please find the reply slip, sign and return to NSC-NIH.

Our sincere gratitude for your unwavering support to the National Comprehensive Newborn Screening System.

A. ORDERING

1. Use your health facility's Purchase Order (PO) form in ordering Expanded NBS Specimen Collection kits. If your health facility does not have its own PO, you may reproduce and use the NSC-NIH Purchase Order Template (please see attached). Do not forget to indicate in your purchase order the PO number, date, Newborn Screening Facility (NSF) code, and quantity ordered.

NOTE: The minimum allowable order per PO is five (5) Expanded NBS Specimen Collection kits with a unit price ₱1,750.00 per kit (effective May 1, 2019) as per Amended DOH Admin Order No 2014-0045-A. For PhilHealth members, the total cost shall be covered as per Circular 2018-0021 on Enhancement of Newborn Care Package.

2. Your PO must be signed and approved by at least two (2) authorized personnel.
3. Send your PO through any of the following modes: courier, mail, fax, email or walk-in.

- a. If by courier or mail, send to:

**Newborn Screening Center- NIH
Rm. 102, Building H, UP Ayala Land TechnoHub Complex
Commonwealth Avenue, Brgy. UP Campus
Diliman, Quezon City 1101**

- b. If by fax, send to (02) 8921-6395. Please call to confirm if PO is received.
- c. If by email, send a scanned copy to nsc-nih-list@up.edu.ph. Please call to confirm if PO is received.
- d. If walk-in, go directly to NSC-NIH. NSF personnel who will visit the laboratory will need to strictly adhere to the UP Ayala Land Management's requirements such as:
 - i. Securing visitors Identification Card in exchange of the NSF's company ID.
 - ii. Wearing of appropriate clothes (Wearing of *sando*, *shorts* and slippers are not allowed)

4. For pick-up purchases, please observe the schedule below:

Time of receipt of PO	Release of NBS Kits
8:00 am to 11:00 am	3:00 pm of the same day
11:00 am to 5:00 pm	3:00 pm of the next working day

NOTE:

- After sending your PO through fax or email, please inform the NSC-NIH through phone call that your order will be picked up and on what date or write it in your PO, otherwise, it will be sent via courier.
- If you fail to pick up the kits on the specified date, the kits will be sent automatically to your facility via courier following the seven (7) working day lead time.
- PO will be processed if NSF has no outstanding balance and/or penalty charges or accounts for reconciliation.

B. DELIVERY

1. Allow seven (7) working days from the receipt of your PO for the processing of orders (PO will be automatically put on hold if there are accounts for reconciliation with NSC-NIH). In case of change in delivery schedule, you will be notified.
2. NSC-NIH will send your ordered supplies through the courier indicated in your institutional database form. A Sales Invoice will accompany your ordered supplies.
3. If there is any discrepancy in the delivery, please inform NSC-NIH within the day the order was received; otherwise, it shall be deemed received in good order and condition.

C. PAYMENT

1. The Term of Payment is the period given by NSC-NIH for the health facility to pay the ordered NBS Specimen Collection Kits which is 60 calendar days from the date of release of the Sales Invoice. **(Effective January 5, 2015)**
2. Any unpaid account after the given term shall be charged **2% penalty per month** until fully paid.

Note: The terms of payment will cut across to the following NSFS and other stake holders such as:

- a. Department of Health-Central Office
 - b. Department of Health-Regional Offices
 - c. Newborn Screening Centers
 - d. Sponsoring Local Government Units
 - e. Sponsoring Rotary Clubs
 - f. All private and government newborn screening facilities
3. For all new government and private lying- ins, maternity clinics, or birthing homes **(with NSF Code starting 5641)** and old members with outstanding balance, a minimum of five (5) kits may be ordered with the following provisions:
 - Strictly Cash payment upon order
 4. Payment may be made through any of the following ways:
 - a. Direct CASH/Manager's Check to NIH Cashier/Postal Money Order (located at NIH Bldg. University of the Philippines Manila, Pedro Gil St., Ermita, Manila)
 - Payable to: **UPM – Institute of Human Genetics**
 - b. Land Bank of the Philippines Online Collection Payment System (ONCOLL)

The ONCOLL PAYMENT SLIP (see attached sample slip) must contain the following:

- i. Date
- ii. Merchant/Agency Deposit Account Number: **0592 – 2220 – 51**
- iii. Merchant/Agency Name: **UP Manila – IHG**
- iv. Reference Number 1: **<NSF (Newborn Screening Facilities)/Hospital Code>**
- v. Reference Number 2: **<NSF (Newborn Screening Facilities)/Hospital Name>**
- vi. Reference Number 3 Numeric): **<Sales Invoice Number>**
- vii. Amount

Please send a copy of the bank validated deposit slip to IHG Accounting's email address.

- c. Land Bank LinkBiz Portal (see enclosed guidelines)

Please send a copy of the bank confirmation details with reference number, date of successful payment. For cash option, send a copy of MYEG confirmation slips and proof of payment/OR. Include in your email to IHG Accounting the NSF code, name, email address and amount paid.

NOTE: The account details such as the account name, account number, sales invoice number are already indicated in the Sales Invoice provided together with your order. For payment concerns and proof of payments, kindly email it to the IHG Accounting at nsc-nih-accounting-list@up.edu.ph.

D. COURIER MATTERS

- A. Sending through the courier with account

Kindly call and request a copy of notice from NSC-NIH on courier service for reference on account number, contact numbers, booking of pick-up of blood samples and request for supplies of small pouches, waybills and important reminders.

- B. Alternative Sending Through Other Courier for Reimbursement

If there is no nearest courier service indicated on the notice within the area, as a work around, please send your blood samples through another courier and ask for reimbursement from NSC-NIH through any of the following:

1. deduction from the payment of the current order reflected on the Statement of Account (net amount).
2. replacement kit equivalent to the total amount of the courier fee

Send a letter requesting for reimbursement with the courier's official receipt to NSC-NIH. Kindly confirm the receipt of your reimbursements and the amount to be deducted. (Only those courier fees of the current year with readable official receipts will be processed).

E. RESULTS

1. All results with negative screen will be MAILED directly to all newborn screening facilities 7 to 14 working days from the time the NBS sample is received at NSC-NH.
2. Results with positive screen will be immediately recalled by phone and urgent hard copy of the result will be sent to the NSF via courier.
3. Unfit samples (contaminated and insufficient) for repeat collection will be recalled by phone/SMS/email on the same day of receipt of blood samples. An urgent hard copy will be sent to the facility via courier. Summary and Individual results will follow.

Other unsatisfactory samples (no feeding information, data erasures, missing information, less than 24 hours and late receipt of samples) will be recalled once by phone/SMS/email on the same day of receipt of blood samples. NO urgent hard copy of the result will be released. Summary and Individual results will be sent via courier.

4. Hemoglobinopathies traits results will be sent to the facilities through courier with attached fact sheets as reference of the Attending Physicians to do parents' counseling. The rest of the Hemoglobinopathies disorders (Hemoglobin H Disease/Alpha Thalassemia/Beta

Thalassemia) including BTS (Suspected with Blood Transfusion) will still be actively recalled through call/SMS/email.

5. Results MUST be claimed at patient’s respective Newborn Screening Facility. Please inform your patients that no results will be claimed or released from NSC-NIH. Your health facility should designate one person to handle receiving and issuance of all NBS results.

6. Relay of Feeding and Missing Information

Please be reminded that the newborn screening laboratory will only accept feeding and other missing information (e.g. date and time of birth/collection) relayed through a duly signed letter (with printed name and signature) from the overall NBS coordinator or person-in-charge of newborn screening.

The NBS laboratory will not accept unsigned letters or any information relayed through phone call, text message or e-mail.

- DO NOT USE ANOTHER FILTER CARD TO RELAY INFORMATION OR FEEDING.
- ANY INCOMPLETE INFORMATION WILL CAUSE DELAY IN RELEASING OF RESULTS.

The updated results of your patients will be available 14 working days after receipt of your valid letter containing the missing information. The second copy of these results will be sent to your health facility through mail.

7. Proper Documentation of Data

Please use the guide below for recording all pertinent data of your patients before sending the blood sample to our laboratory. This will help you check the completeness of the information on the filter card to avoid having a result of no feeding and missing information. Keeping the detachable filter card number is required to facilitate the process of Philippine Health Insurance Corporation (PHIC) claims for the newborn care package.

Mother’s Name	Date and time of birth	Date and time of collection	Sex	Birth Weight (g)	Feeding	Filter card no.	Pick up no. and waybill no.	Date sent	Address	Contact number	Result	Date received	Claimed by	Date claimed

8. Request for Card Replacement

The Card replacement is free and is shouldered by NSC-NIH for the following reasons only:

- Insufficient blood samples
- Contaminated samples
- Positive initial screen for CAH, CH, Gal, PKU, MSUD and ENBS disorders
- < 24 hours
- Late
- Blood transfusion
- NPO/TPN/Soy

REMINDER: Include the names of patients, filter card number used for repeat collection and reason for replacement (i.e. Contaminated, etc.) at the next Purchase Order.

NOTE:

- The replacement cards will be sent together with your next order if it is less than 20. If replacement cards are more than 20 then it will be sent immediately to your health facility.
- Filter cards will be replaced **only if we have received the “used” cards.**
- Replacement rules are subject to change.
- COST OF REPEAT TESTING ON THE 28th DAY OF LIFE for preterm, low birth weight and sick is shouldered by the family.

This is to clarify issues on repeat sample collection using filter cards purchased under PO system. Below is a **CARD REPLACEMENT MATRIX** for your reference guide.

	CONDITION	REPLACEMENT	PROCEDURE	REMARKS
1	Elevated Results	FREE	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
2	Contaminated Samples	FREE (as per evaluation of laboratory) on the first repeat only	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
3	Insufficient Samples	FREE (as per evaluation of laboratory) on the first repeat only	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
4	Taken <24 hours	FREE on the first repeat only	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
5	Late (sample received by lab >10 days from sample collection date)	FREE on the first repeat only	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
6	On BT	3 repeat collections are necessary for whole blood or packed RBC transfusion (2 days post BT, 2 weeks post BT and 120 days post BT). 2 repeat collections are necessary for FFP transfusion (2 days post BT and 2 weeks post BT) All will be replaced for FREE	Indicate the names of the patients on your next PO, please indicate if 1 st repeat for post BT or 2 nd , 3 rd repeat for post BT	No extra fee should be collected from the patient
7	On NPO/TPN/Soy	Repeat collection needed once patient is on lactose containing milk. FREE if done under these circumstances.	Indicate the names of the patients on your next PO.	No extra fee should be collected from the patient

	CONDITION	REPLACEMENT	PROCEDURE	REMARKS
8	Outdated Card	No replacement ₱15 fee per card if unused cards are returned less than 3 months before expiry date or after expiry date	Immediate repeat collection Return unused outdated cards within 3 days with request letter. Fee is reflected on the Statement of Account	Fee is shouldered by the health facility. No extra fee should be collected from the patient NSC-NIH will refer to the date of receipt of cards.
9	Defective Card	FREE only to those defective cards during time of release by NSC. Subject to evaluation of circumstances.	Report within 24 hours upon receipt of cards. Return defective cards within 3 days with request letter subject for approval.	
10	Unknown Data	FREE on the first repeat only	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
11	Preterm, sick and low birth weight patients	No replacement	Repeat collection on the 28 th day of life	Fee is shouldered by the family
12	G6PD Result	No replacement	Patients should be referred to the nearest DOH ACCREDITED CONFIRMATORY CENTERS (see list in the Patient's Urgent result)	If a repeat card is sent, fee is shouldered by the health facility. No extra fee should be collected from the patient
13	Data Erasure / Missing information	No replacement Request for replacement is subject to evaluation of circumstances.	Send letter of update with the missing information or letter providing reason for the erasures and certifying the validity and correctness of information written on the specified filter card number.	If a repeat card is sent, fee is shouldered by the health facility. No extra fee should be collected from the patient

To avoid the inconvenience of recalling a patient due to items # 2-7, below are some suggestions:

	CONDITION	SUGGESTIONS
1	Contaminated Samples	<p>Always refer to the spot check poster.</p> <p>Avoid layering. Avoid dropping another blood on top of another just to satisfy the circles. You can drop another blood on any area on the white strip of the absorbent part. Avoid using capillary tube.</p> <p>Ensure samples are air dried properly for at least 4 hours; avoid smearing or touching the blood with bare hands.</p>
2	Insufficient Samples	<p>Always refer to the spot check poster.</p> <p>Make sure that the blood soaks through the card (check the back of the filter card). Make sure that size of the specimen is enough for testing. The laboratory needs at least 8 to 12 hole punches (3.2 mm in diameter per punch) for testing.</p>
3	Taken <24 hours	<p>Ideal age of collection is immediately after 24 hours from birth.</p> <p>Ensure that time and date of birth and collection entries on the filter card follow the dd/mm/yy format and tick if it is AM or PM.</p>
4	Late for collection	<p>Considered late for collection are samples that arrive at the laboratory more than 10 days from date of sample collection. Results are unreliable. Make sure that samples are sent immediately after they have been air dried for 4 hours. DO NOT BATCH SAMPLES.</p>
5	Missing information	<p>Make sure that all data in the filter card are filled in and are legible prior to sending of blood samples.</p>
6	No feeding	<p>Please check/tick the number corresponding to the type of feeding given and double check the data before sending the blood samples.</p>
7	Blood Transfusion (BT)	<p>Collect blood sample BEFORE transfusions of whole blood / packed red blood cells / FFP (Fresh Frozen Plasma)/ platelet concentrate</p>
8	NPO/TPN/Soy	<p>Perform blood collection before putting baby on NPO/TPN/Soy (if possible). Lactose feeding is necessary for the interpretation and analysis of Galactosemia, Maple Syrup Urine Disease, Phenylketonuria and other metabolic disorders. TPN feeding may affect the interpretation of results for Amino Acids and some Acylcarnitines.</p> <p>IF SAMPLE IS COLLECTED WHILE ON TPN, MAKE SURE TO CHECK/TICK TPN ON THE FILTER CARD.</p>
9	Outdated Cards	<p>Regularly monitor the shelf life or expiry date indicated at the portion of the filter card with a symbol of an hourglass i.e. ⌚ 2021-04-30</p> <p>Check the date of its shelf life or expiry date before using the card.</p> <p>Order cards based on your projected monthly live births and outpatient referrals.</p>

F. CONFIRMATORY TESTS

1. Free Confirmatory Tests for Metabolic and Hemoglobinopathies

Please be reminded that patients who screened positive to any metabolic or hemoglobinopathies disorders are entitled for FREE confirmatory tests for the disorder.

Below is the list of disorders, the specific FREE confirmatory tests and the centers.

Disorders	Confirmatory Tests	Confirmatory Centers
Amino Acid Disorders	Plasma amino acid analysis Urine organic acids	Biochemical Genetics Laboratory NIH Bldg., UP Manila, 625 Pedro Gil Street, Ermita, Manila
Urea Cycle Disorder	Plasma amino acid analysis Urine organic acid analysis High Voltage Electrophoresis (HVE)	
Organic Acid Disorders	Urine organic acid analysis Plasma acylcarnitine profile	
Fatty Acid Disorders	Plasma acylcarnitine profile	Biochemical Genetics Laboratory, UP Manila
	DNA Analysis	Fulgent Genetics, California, USA
Biotinidase Deficiency	Urine organic acid analysis	Biochemical Genetics Laboratory, UP Manila
Hemoglobinopathies	Capillary Electrophoresis for Beta Thalassemia and Suspected with Blood Transfusion (BTS) <28 days old	Hemoglobinopathy Reference Unit NIH Bldg., UP Manila, 625 Pedro Gil Street, Ermita, Manila
	DNA Analysis for Alpha Thalassemia and Beta Thalassemia	Molecular Genetics Laboratory NIH Bldg., UP Manila, 625 Pedro Gil Street, Ermita, Manila

Complete Blood Count (CBC) with Red Cell Indices for the NEWBORN BABY and BOTH PARENTS (shouldered by the family) are needed prior to extraction of samples for Beta Thalassemia confirmatory tests. Once with CBC and red cell indices results, kindly inform the Newborn Screening Center-NIH **Follow-up Nurse** via text or call so that an appointment can be requested for blood extraction at NIH, UP Manila and for proper endorsement to the confirmatory centers. NSF can also collect samples in their facility and send the sample to NIH thru courier.

For admitted patients and those from the provinces, sample collection can be done at the facility and can be sent thru courier, charge to parents or NSF. Please follow the guidelines on proper specimen handling and collection for hemoglobinopathies or metabolic confirmatory tests.

Pre and post genetic counseling of parents are also free of charge for DNA analysis and can be done thru phone call or video call.

2. Glucose-6 Phosphate Dehydrogenase Confirmatory

Please refer patients for G6PD Confirmatory tests to the NEAREST confirmatory centers:

G6PD CONFIRMATORY CENTER	ADDRESS	COORDINATOR	CONTACT NUMBER
NCR			
1. Manila Central University-Filemon D. Tanchoco Medical Foundation (MCU-FDTMF) Hospital	Samson Road, EDSA Caloocan City	Ms. Ma. Gloria B. Caling, RMT, Ms. Josephine Agoncillo and Dr. G. Cruz-Basa	(02) 3633084 / 3672031 loc 1114 / 1136 Direct line: (02) 3633084 / 3634868

2. Our Lady of Lourdes Hospital East Manila Managers Corp.	46 P. Sanchez St., Sta Mesa Manila	Ms. Agnes Andrea D. Larisma and Ms. Merly C. Carlos	Fax: (02) 7147495 Tel.: 7163901 loc 3513 / 3390
3. The Medical City	Ortigas Avenue, Pasig City, Metro Manila	Ms. Maria Lordes C. Gatbonton, RMT, Ms. Leilani C. Soriano and Ms. Jenny Matibag	(02) 9881000 / 9887000 loc 6125
4. University of Perpetual Help Dalta Medical Center	Alabang Zapote Rd. Pamplona II, Las Pinas City	Ms. Ana Camile Laudencia, RMT and Dr. Nelia Frances Llanto	Fax: (02) 8737210 Tel.: (02) 8748515 loc 153
REGION 5			
5. Bicol Regional Hospital and Medical Center	Rizal St. Legazpi City Albay	Ms. Patricia Chiara Ramos, RN	(052) 4831088 / 4830806 / 4830807 / 4830017
6. Bicol Region General Hospital and Geriatric Medical Center	San Pedro, Cabusao, Camarines Sur	Ms. Diana Joy R. Nestorado, RMT and Ms. Ma. Noelle A. Macalintal, RMT	(054) 4732244 / 4724422 / 8811033 / 8811762
REGION IV B			
7. Palawan Medical Mission Group Multipurpose Cooperative	Corner Burgos & Mabini Sts., Puerto Princesa City, Palawan	Ms. Jesa L. Arbolario, RMT	(048) 434 3255 / 4345580 / 4333038

***Refrain from sending the parent/child to NSC-NIH (Technohub).**

The G6PD confirmatory fee is regulated at **P400.00**.

There are two ways to have the babies undergo confirmatory test for G6PD deficiency.

- a. Parents may choose to bring their child for confirmatory testing at the nearest confirmatory center. Your health facility must ensure that the Newborn screening result is with the parents.
- b. Due to the distance of confirmatory centers to some areas, your health facility can become an extraction site. As an extraction site:
 - You will perform the whole blood extraction.
 - Send the blood to the nearest confirmatory center. Please follow the guidelines on proper collection, packaging, shipping, and handling of specimen for G6PD confirmatory test. Coordinate with your respective confirmatory center regarding the schedule of running of test and the release of results.
 - May add a fair amount to cover the cost of extraction, materials which will be used for sending and the courier fee. G6PD fee remittance must be coordinated with your respective confirmatory centers. Please note that results will not be released to your health facility if payment is not remitted to the confirmatory centers.
 - Give the result of the confirmatory test to the parents.
 - Provide brochure about G6PD Deficiency. Copies can be secured from your respective confirmatory centers.

NOTE: Kindly call the confirmatory centers nearest you regarding laboratory schedules and payment terms.

3. Kindly call or email the Follow-up Nurses (see contact details on page 11) to request a copy from NSC-NIH for the Guidelines on Proper Collection, Packaging, Shipping, Handling of Specimen and Payment for the following confirmatory tests:

- 17-Hydroxyprogesterone & Thyroid Function Test (FT4, TSH)
- G6PD Confirmatory Test
- Hemoglobinopathy Confirmatory Testing
- Expanded Newborn Screening (ENBS) Confirmatory Tests

G. CONTACT DETAILS

For further inquiries, please call or email:

TEL. NO.: (02) 83760962, (02) 83760964, (02) 83760965 and (02) 83760967
FAX NO.: (02) 8921-6395
MOBILE: Result and patient concerns: 09285060960 (MSMS), 09189295233 (CH/GAL), 09285596827 (HEMA), 09399727447 (CF/BTND/CAH), 09602726804 (G6PD and HEMA Traits).
For UNFIT kindly reach 09399331597.
Courier, purchase order and payment concerns: 0928-5060961
EMAIL: Program concerns and purchase orders: nsc-nih-list@up.edu.ph
Payment proofs and concerns: nsc-nih-accounting-list@up.edu.ph
Result and patient concerns: nsc-nih-followup-list@up.edu.ph

Like us on Facebook: <https://www.facebook.com/nscnih>

Follow us on Twitter: <https://twitter.com/NBSlabph>

REPLY SLIP to Administrative Protocols (Please fax to 02-9216395 or email the scanned copy to nsc-nih-list@up.edu.ph)

We hereby certify that I read and completely understood the content of the NSC-NIH's administrative protocols. Expect our full support and cooperation in order to ensure the success of the National Comprehensive Newborn Screening System.

Signed:

MEDICAL DIRECTOR/OWNER
(signature over printed name)

NBS Coordinator
(signature over printed name)

 (Name of Hospital)

 (Address)

 (Contact Nos.)

Purchase Order No. _____

Date _____

Hospital Code _____

To: UPM – Institute of Human Genetics

Newborn Screening Center - NIH
 Rm. 102, Building H, UP Ayala Land Technohub Complex
 Commonwealth Avenue, Brgy. UP Campus
 Diliman, Quezon City 1101
 Tel. No. (02) 83760964 or 65 ; Mobile No.: 09285060961
 Email: nsc-nih-list@up.edu.ph


Terms 60 days	Delivery Date 7 working days	Deliver To
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Please furnish the following articles/services:

Unit	Description	Qty	Unit Price	Total Amount
Kit	<input type="checkbox"/> E-NBS Collection Kit (Filter card, Lancet, Transmittal Form, ENBS Brochure)		Php 1,750.00	
	<i>Other requests:</i>			
pc	<input type="checkbox"/> Extra NBS posters		Php 10.00	
pc	<input type="checkbox"/> Extra NBS brochures (minimum of 10)		Php 2.00	
pc	<input type="checkbox"/> Additional drying rack (maximum of 1 pc per year)		No charge	
Total				

Requested by:	Approved by:	Noted by:
Signature over Printed Name	Signature over Printed Name	Signature over Printed Name
Position	Position	Position

Land Bank of the Philippines Online Collection (LANDBANK ONCOLL) Payment Slip

ONCOLL PAYMENT SLIP	 LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SYSTEM	Date
	Please check the appropriate mode of payment	
	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit from Account	
	MERCHANT/AGENCY DEPOSIT ACCOUNT NUMBER 0 5 9 2 2 2 2 0 5 1	MERCHANT/AGENCY NAME UP Manila - IHG
	Reference Number 1 NSF/Hospital Code	Printed Name and Signature of Payor/Depositor/Representative
	Reference Number 2 NSF/Hospital Name	Teller's Validation
Reference Number 3 (Numeric) Sales Invoice Number		
Amount		