



MEDICAL TECHNOLOGY LAWS & BIOETHICS

MEDICAL TECHNOLOGY PROFESSION | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

MEDICAL TECHNOLOGY

- The branch of medicine concerned with the **performance** of laboratory determination and analyses used in the **diagnosis and treatment** of disease and the maintenance of health (Anne Fagelson, 1961)
- The application of the principles of **natural, physical, and biological** sciences to the performance of **laboratory procedures** which aid in the diagnosis and treatment of disease (Ruth Henemann, 1963)
- An auxiliary branch of laboratory medicine which deals with the examination of **tissues, secretion, and excretion** of the human body and **body fluids** by various electronic, chemical, microscopic and other medical laboratory procedure or techniques either **manual or automated** which will aid the physician in the **diagnosis, study, and treatment** of disease and in the promotion of health in general (RA 5527)

DEFINITION OF TERMS

PATHOLOGIST

- “Director of the Clinical Laboratory”
- Certified by the **Philippine Society of Pathology** (PSP) and Philippine Board of Pathology and a member of Philippine Society of Pathology (PSP)

CLINICAL PATHOLOGIST	<ul style="list-style-type: none"> • Tests bodily fluids, such as urine, blood, and saliva • Directs most of the divisions in a clinical laboratory.
ANATOMICAL PATHOLOGIST	<ul style="list-style-type: none"> • Examine samples from organs and other tissues most commonly acquired to surgery

MEDICAL TECHNOLOGIST

MEDICAL TECHNICIAN	<ul style="list-style-type: none"> • Did not pass the board exam (Rating: 70-74%) • Works, helps/assist under the provision of MT.
MT INTERN	<ul style="list-style-type: none"> • 4th-year students/OJT student • Works and studies at the same time
MT EXTERN	<ul style="list-style-type: none"> • Training in the hospital, but already graduated and passed the board exam • Shadows the MTs (Do not actually perform tests)

SCOPE OF MEDICAL TECHNOLOGY PRACTICE

ASSURING RELIABLE TEST RESULTS

- Which contribute to the prevention, diagnosis, prognosis, and treatment of physiologic and pathologic condition This requires:

PRODUCING ACCURATE RESULTS	<ul style="list-style-type: none"> • Ensuring test accuracy and precision through strict laboratory procedures and standards
CORRELATING AND INTERPRETING TEST DATA	<ul style="list-style-type: none"> • Analyzing results while recognizing that lab tests alone cannot diagnose patients
ASSESSING AND IMPROVING EXISTING LABORATORY TEST METHODS	<ul style="list-style-type: none"> • Evaluating and refining procedures to ensure reliability, repeating tests when necessary
DESIGNING, EVALUATING, AND IMPLEMENTING NEW METHODS	<ul style="list-style-type: none"> • Developing, validating, and applying innovative techniques for improved laboratory accuracy

DESIGNING AND IMPLEMENTING

- Cost-effective administrative procedures for the lab, including services and personnel, and education for lab personnel

DEVELOPING AND MONITORING

- Quality control and quality assurance system of services and competence assurance of personnel.

PROMOTING AN AWARENESS

- An understanding of the services they render to the consumer/public and other health care professionals

TRENDS AND CHALLENGES

JOB OPPORTUNITIES	<ul style="list-style-type: none"> • Laboratories • Clinical Areas • Business and Industrial Areas • Academic Areas
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CHALLENGES	<ul style="list-style-type: none"> • Future Challenges • Current Challenges • Past Challenges
LABORATORY WORKPLACE	<ul style="list-style-type: none"> • Decentralization of laboratories and POCT • Change in the laboratory paradigm

MICROSCOPE AND SNAKE	<ul style="list-style-type: none"> • MT profession symbol
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PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS (PAMET)

- Non-stock, non-profit, national organization of all registered medical technologists in the Philippines
- Founder: **Crisanto Gomez Almario**
- First President: **Charlemagne Tamondong**
- Current President: **Luella A. Vertucio**

DATES	
SEPTEMBER 15, 1963	<ul style="list-style-type: none"> • Was established by Almario at the Public Health Laboratory in Sta. Cruz, Manila
SEPTEMBER 20, 1964	<ul style="list-style-type: none"> • The first convention and election of officers was held at Far Eastern University, wherein Charlemagne T. Tamondong became the first president
JUNE 21, 1969	<ul style="list-style-type: none"> • Approved the RA 5527 or the Medical Technology Act of 1969

PAMET LOGO SYMBOL



CIRCLE	<ul style="list-style-type: none"> • Continuous involvement in practice and education must always be integrated
GREEN	<ul style="list-style-type: none"> • Color of Health
1964	<ul style="list-style-type: none"> • The first election of the president
TRIANGLE	<ul style="list-style-type: none"> • Trilogly of love, respect, and integrity

PAMET PRESIDENTS

PRESIDENTS	LEGACY
Charlemagne T. Tamondong (1963 - 1967)	Emergence of the Profession
Nardito D. Moraleta (1967- 1970)	Professional Recognition
Felix E. Asprer (1970-1971, 1973-1977)	Legislative Agenda
Bernardo T. Tabaosares (1971 - 1973)	Celebration of the Practice
Angelina R. Jose (1973)	Career Advocacy
Venerable Cenezacion V. Oca (1977 - 1981)	Education Enhancement
Carmencita P. Acedera (1982 - 1991)	Image Building
Marilyn R. Atienza (1992 - 1996)	Proactivism
Norma N. Chang (1997 - 2000)	International Leadership
Agnes B. Medenilla (2001 - 2002, 2005 - 2006)	Organizational Dynamism
Shirley F. Cruzada (2003 - 2004)	Interdisciplinary Networking
Leila M. Florento (2007 - 2012)	Global Perspectives
Romeo Joseph J. Ignacio (2012 - 2015)	Golden Celebration
Ronaldo E. Puno (2015 - 2020)	Empowerment
Rommel F. Saceda (2021 - 2022)	Engagement
Luella A. Vertucio (2023 - Present)	Cohesive Collaboration



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STATEMENTS

VISION

- PAMET shall be the constant prime mover in advancing the Medical Laboratory Science profession for the continuous growth and development of its members

MISSION

- To realize its vision, PAMET shall be an association that will uphold professional core values; develop and sustain comprehensive programs to enhance competencies of the Medical Laboratory Science professionals; collaborate with the different stakeholders of health and make its services important to the beneficiaries of its services.

PAMET HYMN



THE PAMET HYMN

From various lands races and places
with grateful hearts we blend our voices
This day to our beloved. PAMET
from whence unity and love cometh.
We join together in brotherhood
to live up to thine ideals we should
In fields of advancement and learning
Thy noble goals maybe our bearing.
Loyal and true we'll be to thee
Beloved PAMET this we say,
for service to God and humanity
With joy we sing for thee till eternity.

- Title: **Beloved PAMET**
- Music: **Francis Jerota Pefanco**
- Lyrics: **Hector Gentapanan Gayares, Jr.**

DATES

**NOVEMBER 22,
1989**

- This hymn was first heard and sung during the 25th National Pamet Convention in PICC (Philippine International Convention Center)

CORE VALUES

INTEGRITY

- Strict adherence to moral code reflected in transparency, honesty, truthfulness, accuracy, and accountability of one's actions.

PROFESSIONALISM

- Positive traits and values, moral responsibilities, social responsiveness, and behavioral outlook which makes one highly reputable and credible.

COMMITMENT

- Unconditional, unwavering, and selfless dedication that one builds into the practice of profession.

EXCELLENCE

- High quality performance by advocating and adhering to international standards, making services globally comparable.

UNITY

- Necessary linkage, support, involvement, and sharing that will increase the success and advancement and association in general.

PHILIPPINE ASSOCIATION OF SCHOOLS OF MEDICAL TECHNOLOGY AND PUBLIC HEALTH (PASMETH)

- First President: **Dr. Gustavo Reyes**
- Current President: **Jose Jurell Nuevo** (OLFU Dean, August 2023)

DATES

MAY 13, 1970

- Established by Dr. Serafin Juliano (FEU) & Dr. Gustavo Reyes (UST)

PASMETH LOGO SYMBOL



CIRCLE

- Continuity of learning and never ending quest for excellence in the field of academe

DIAMOND

- Four Objectives

MICROSCOPE

- MT and public health



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PASMETH OBJECTIVES

- Encourage a thorough study of the needs and problems of medical technology and public health education and offer solutions
- Work for the continuous development of medical technology and public health education in order that the profession will be of maximum service to the country
- Take a united stand in matters which affect the interests of medical technology and public health education
- Seek advice, aid, and assistance from a government or private entity for the fulfillment of the aims and purposes of the association

PHILIPPINE SOCIETY OF MEDICAL TECHNOLOGY STUDENTS (PHISMETS)

- A national organization of MT students under the supervision of PASMETH
- Objectives:
 - Promote and stimulate the exchange of best practices of MT through conferences, seminars and meetings
 - Promote, stimulate and support student research in MT
 - Provide an information network and monitoring system of activities in the MT academic community



MEDICAL TECHNOLOGY LAWS & BIOETHICS

MEDICAL TECHNOLOGY EDUCATION | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

REPUBLIC ACT 7722: HIGHER EDUCATION ACT OF 1994

COMMISSION ON HIGHER EDUCATION (CHED)

- Approved on: **May 18, 1994**
- **21 sections**
- Approved by: **President Fidel V. Ramos**

SECTION 2: DECLARATION OF POLICY

- Right to **affordable and accessible** high-quality education at all levels
- Protection of academic freedom
- Tertiary level education

SECTION 3: CREATION OF THE CHED

- Independent and separate from the **Department of Education**
- Attached to the **office of the president**
- **Coverage:** both the public and private institutions of **higher education**, as well as **degree-granting programs in all post-secondary** institutions

SECTION 4: COMPOSITION OF THE COMMISSION

- 5 Man Commission
- (1) Chairperson: **Dr. Shirey C. Agrupis**
- (4) Commissioners:
 - Desiderio Apag III
 - Michelle Ong
 - Ricmar Aquino
 - Myrna Mallari
- Appointed by the: **President**
- Requirements:
 - Holders of a **doctorate**
 - Actively engaged in higher education for at least 1 year
 - Must NOT have been candidates for elective positions in the elections immediately preceding their appointment

SECTION 5: TERM OF OFFICE

- Term: **4 years** without prejudice to **one reappointment** (by the president)
- Terms shall be on a staggered basis
 - Full-time chairman: **4 years**
 - Two commissioners: **3 years**
 - Last two commissioners: **2 years**

IMPORTANT NOTE !

Failure to complete the term: successor appointed by the president, but **ONLY** for the unexpired portion of the term

SECTION 7: DECLARATION OF POLICY

- Meet with the Commissioner at least **once a year**
- Composition:
 - Chairman: **Secretary of the Education, Culture and Sports**
 - Co-chairman: **Director-General of the NEDA**
 - Secretary of Science and Technology (**DOST**)
 - Secretary of Trade and Industry (**DTI**)
 - Secretary of Labor and Employment (**DOLE**)
 - President of the Federation of Accrediting Associations of the Philippines (**FAAP**)
 - President of the Fund for Assistance to Private Education (**FARE**)
- **Two** additional members of the Board of Advisers may be appointment by the **president** upon recommendation of the **commission**

SECTION 8: POWERS AND FUNCTIONS OF THE COMMISSION

- **Formulate and recommend** development plans, policies, priorities, and programs
- **Set minimum standards** for programs and institution of higher learning
- **Monitor and evaluate the performance of programs and Institutions of higher learning** for appropriate incentives as well as the imposition of sanctions such as, but not limited to, diminution or withdrawal of subsidy, recommendation on the **downgrading or withdrawal of accreditation, program termination or school closure**;

SECTION 12: THE TECHNICAL PANELS

- Reconstitute and/or organize technical panels for different disciplines/program areas
- **Function:** assist the Commission in setting standards and in program and institution monitoring and evaluation
- **Composition:** Senior specialist to be appointed by the commission



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POLICIES, STANDARDS, AND GUIDELINES FOR MEDICAL TECHNOLOGY EDUCATION

PERTINENT LAWS AND CHED MEMORANDUM ORDERS

CMO NO. 8, S. 1998	<ul style="list-style-type: none"> Updated Policies and Standards for Medical Technology Education
CMO NO. 27, S. 1998	<ul style="list-style-type: none"> The Common Two-Year Associate Health Science Education
CMO NO. 14, S. 2006	<ul style="list-style-type: none"> PSGs for Medical Technology Education
CMO NO. 6, S. 2008	<ul style="list-style-type: none"> Guidelines for the Accreditation of Clinical Laboratories Involved in the Training of MLS/MT Interns
CMO NO. 13, S. 2017	<ul style="list-style-type: none"> PSGs for the Bachelor of Science in Medical Technology/Medical Laboratory Science (BSMT/MLS) Program

CHED MEMORANDUM ORDER 14 SERIES 2006: PSGS FOR MEDICAL TECHNOLOGY EDUCATION

ARTICLE II: AUTHORITY TO OPERATE

SECTION 2

- All PHEIs, SUCs, and local colleges and universities must first secure proper authority from the **CHED** before offering the BSMT/BSMLS program

ARTICLE III: PROGRAM SPECIFICATIONS

SECTION 3

- Degree conferred: **Bachelor of Science in Medical Technology/Bachelor of Science in Medical Laboratory Science**

SECTION 4: PROGRAM DESCRIPTION

- 4-Year** Program (GenED and ProfED Subjects)
- Internship: **6-months** (1, 080 Hours)

PROGRAM OBJECTIVES

- Develop the **knowledge, attitudes, and skills** in the performance of clinical laboratory procedures needed to help the physician in the proper diagnosis, treatment, prognosis, and prevention of diseases;
- Develop **skills in critical and analytical thinking** to advance knowledge in Medical Technology/Clinical Laboratory Science and contribute to the challenges of the profession;
- Develop **leadership skills** and to promote competence and excellence and;
- Uphold **moral and ethical values** in the service of society and in the practice of the profession.

SPECIFIC PROFESSIONS, CAREERS, OCCUPATIONS, OR TRADES THAT MT/MLS GRADUATES MAY INTO

- Clinical Laboratory Practice:** Medical Technologists/Medical Laboratory Scientists in Hospital Laboratories, Clinics and Sanitarium.
- Education:** Medical Technologist/Medical Laboratory Scientists can be employed as faculty in colleges and universities offering Medical Technology/Medical Laboratory Science program to teach professional subjects
- Diagnostic Industry/Drug Companies**
- Specialized Fields:** Medico-Legal Laboratory, Drug Testing Laboratory, HIV/AIDS Testing, Laboratory Information System, Quality Management System, Research
- Other Fields Employing the Knowledge and Skills of Medical Technologists/Medical Laboratory Scientists

ARTICLE IV: COMPETENCY STANDARDS

SECTION 5: COMPETENCIES

- Collect samples, prepare specimens for analysis, determine the acceptability of samples within guidelines, and perform the test according to standard methods/techniques;
- Demonstrate skills in judgment and decision making to analyze quality control, recognize implausible results, and take appropriate actions to maintain accuracy and precision;
- Perform accurately data gathering, processing, and encoding into the computer system;
- Observe the principles of data security or patient confidentiality, maintain ethical standards in working with other laboratory and hospital personnel;
- Possess good communication and human relation skills for effective and healthy interaction with health care professionals;



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- Take responsibility for their own professional development or continuing education, especially computer education in the application and management of data and computerized laboratory equipment; and,
- Acquire basic management, supervision, and administrative skills to contribute to the resolution of conflicts pertaining to laboratory management, implementation of changes in response to technology and laboratory procedures, development of safety management procedures, and improvement of standards of practice.

ARTICLE V: CURRICULUM

SECTION 6: CURRICULUM

- HEIs offering **MT/MLS** Education may exercise flexibility

SECTION 7: CURRICULUM OUTLINE

- **177 Units**

Total Units – General Education Courses	84 units
Core Courses	16 units
Professional Courses	50 units
Research	3 units
Seminar	6 units
Internship	18 units
Grand Total	177 units

At the end of the BS Medical Technology/Medical Laboratory Science program the total number of exposure/contact hours in the laboratory is as follows:

Clinical Chemistry	-	392 hrs.
Clinical Microscopy & Parasitology	-	338 hrs.
Microbiology	-	258 hrs.
Hematology	-	228 hrs.
Blood Banking	-	204 hrs.
Histopathologic, Technique & Cytology	-	208 hrs.
Immunology & Serology	-	104 hrs.
Research	-	54 hrs.
Total	=	1,786 hours

SECTION 8: PROGRAM OF STUDY

BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY/ BACHELOR IN MEDICAL LABORATORY SCIENCE MINIMUM CURRICULUM

FIRST YEAR				SECOND SEMESTER			
FIRST SEMESTER		SECOND SEMESTER		FIRST SEMESTER		SECOND SEMESTER	
SUBJECTS	Lec	Lab	Units	SUBJECTS	Lec	Lab	Units
English 1	3	0	3	English 2	3	0	3
Filipino 1	3	0	3	Filipino 2	3	0	3
Math 1	3	0	3	Math 2	3	0	3
Chem 1	2	1	3	Chem 2	2	1	3
Comp 1	2	1	3	Comp 2	2	1	3
Biological Science (Biomater or Zoology or Human Biology)	2	1	3	Physics	2	1	3
Introduction to Med. Tech. With STS	3	0	3	Logic	3	0	3
P.E. 1	2		2	P.E. 2	2		2
NSTP	3		3	NSTP	3		3
Total	23		23	Total	23		23

FOURTH YEAR			
FIRST SEMESTER		SECOND SEMESTER	
SUBJECTS	Lec	Lab	Units
Clinical Chemistry 1	3	1	4
Clinical Chemistry 2	2	1	3
Bacteriology	3	2	5
Histology	1	1	2
Parasitology	2	1	3
Cytogenetics	2	0	2
Med. Tech. Law & Bioethics	3	0	3
Lab. Management	2	0	2
Total	21		24

CHED MEMORANDUM ORDER 13 SERIES 2017: PSGS FOR THE BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY/MEDICAL LABORATORY SCIENCE (BSMT/MLS) PROGRAM

SECTION 5: PROGRAM DESCRIPTION

- **4-year** Program
- Internship: **1 year** (1664 Hours)

SECTION 5.4: SPECIFIC PROFESSIONS/CAREERS/OCCUPATIONS FOR GRADUATE

- Licensed MT/MLS, Diagnostic Molecular Scientists, Research Scientists, Educators, Diagnostic Product Specialists, Public Health Practitioners, Healthcare Leaders
- **Allied Medical Fields:**
 - Public health/epidemiology, veterinary laboratory science, molecular biology/biology, nuclear science, forensic science, health administration/management, food and industrial microbiology

ARTICLE V: CURRICULUM

CURRICULUM

- HEIs offering **MT/MLS** Education may exercise flexibility

CURRICULUM OUTLINE

- **173 Units**
- **1 year Internship (1664 Hours)**
 - 32 Hours/week
 - 52 Weeks/year
- **CHED:** Responsible for the accreditation of training laboratories

PROGRAM OF STUDY

Section 8. Minimum Curriculum

8.1 Components

8.1.1 General Education Core Courses

Understanding the Self	3 units
Reading in Philippine History	3 units
The Contemporary World	3 units
Mathematics in the Modern World	3 units
Purposive Communication	3 units
Art Appreciation	3 units
Science, Technology & Society	3 units
Ethics	3 units
8.1.2 General Education Elective Courses	3 units
GE Elective 1	3 units
GE Elective 2	3 units
GE Elective 3	3 units
8.1.3 General Education Mandated Course	3 units
The Life and Works of Jose Rizal	3 units
8.1.4 Physical Education Courses	8 units
Physical Education 1	2 units
Physical Education 2	2 units
Physical Education 3	2 units
Physical Education 4	2 units

24 Units

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Course	Units
9.1.7 Professional Courses	65 units
Principles of Medical Laboratory Science	3 units
Practice 1	3 units
Practice 2	3 units
Community and Public Health for Med Lab Science	4 units
Human Histology	2 units
Molecular Biology and Diagnostics	3 units
Med Tech Laws and Bioethics	3 units
Cytogenetics	2 units
Clinical Chemistry 1	5 units
Clinical Bacteriology	5 units
Clinical Parasitology	3 units
Hematology 1	4 units
Histopathologic and Cytologic Techniques	3 units
Laboratory Management	2 units
Clinical Chemistry 2	5 units
Hematology 2	3 units
Immunology and Serology	4 units
Immunohematology	4 units
Analysis of Urine and Body Fluids	3 units
Mycology and Virology	2 units
Seminar 1	1 unit
Seminar 2	1 unit
9.1.8 Research Courses	5 units
Intro to Med Lab Science Research	2 units
Research Paper Writing and Presentation	3 units
9.1.9 Clinical Internship Courses	28 units
Clinical Internship 1	12 units
Clinical Internship 2	12 units
Medical Technology Assessment Program 1	2 units
Medical Technology Assessment Program 2	2 units
Summary of Units	
General Education Core Courses	24 units
General Education Elective Courses	9 units
General Education Mandated Course	3 units
Physical Education Courses	8 units
NSTP Courses	6 units
Core Courses	25 units
Professional Courses	65 units
Research Courses	5 units
Clinical Internship Courses	28 units
Grand Total	173 units

Clinical Chemistry	300 hrs
Analysis of Urine & Body Fluids (Clinical Microscopy) & Parasitology	200 hrs
Microbiology	250 hrs
Hematology	300 hrs
Blood Banking	200 hrs
Histopathologic Technique & Cytology	100 hrs
Immunology & Serology	220 hrs
Laboratory Management (Collection, Handling, Transport and receiving of specimen, quality assurance, safety and waste management)	40 hrs
Phlebotomy	54 hrs
Total	1664 hrs.

- Biostatistics and Epidemiology
- Health Information System for Medical
- Laboratory Science
- Principles of Medical Laboratory Science
- Practice (1 and 2)
- Molecular Biology and Diagnostics
- MTAP 1 & 2

- RMT with a **valid license unless a special temporary permit** to teach is issued by the PRC
- Holder of a **Master's degree** in MT, PH, and other MT/MLS related fields
- At least **1 year** of clinical experience

SECTION 16: LABORATORY AND FACILITIES

- Lecture = **1:40** (faculty:student)
- Laboratory = **1:30** (faculty:student)

SECTION 24: SANCTIONS

- Effective AY 2018-2019, HEIs offering MT/MLS program whose average passing percentage in the MTLE is 30% and below for the past **3 consecutive years** shall be accorded sanctions based on the following:

OVERALL MTLE PERFORMANCE	ACTION/S
30%	Warning , Joint CHED-PRC Monitoring visit in 1 year
29% - 21%	Probation , Joint CHED-PRC Monitoring visits in 6 months
20% AND BELOW	Phase Out Program , Stop admission with a gradual phase-out

SECTION 13: ADMINISTRATION

- **Full-Time Dean/Head**
 - Filipino Citizen
 - Good Moral Character
 - RMT
 - Graduate Degree
 - At least **5 years** of teaching experience
 - At least **2 years** of managerial/supervisory competence and technical expertise in school management
 - Member of:
 - PAMET
 - PASMETH
 - No teaching assignment or admin function in other HEIs

APPENDIX A: GENERAL GUIDELINES FOR THE MEDICAL TECHNOLOGY INTERNSHIP PROGRAM

ARTICLE I: STATEMENTS

VISION

- **MTITP** = global academic enterprise
- Standard by which schools measure their performance
- **Hallmarks:** competence, teamwork, initiative of the students, ability to respond to patient needs in a health care delivery system

SECTION 14: FACULTY

- **Faculty Member**

MISSION

- Provide quality training of MT/MLS students
- Humane and competent MT/MLS



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- Globally competitive and committed to serve the health needs of the global community

ARTICLE II: DESCRIPTION

- Fourth year level
- Training in the different sections of the clinical laboratory

ARTICLE III: OBJECTIVES

- Enhance **knowledge, skills, and attitudes** needed for a member of the health care delivery team
- Develop among students a well-rounded personality
- Develop **critical thinking skills**
- Develop humane and competent MT/MLS who are **globally competitive and committed** to serving the health needs of patients

ARTICLE IV: REQUIREMENTS

- Completed **all the course requirements** for the first three years
- **Physical and laboratory examinations**
 - Positive for infectious diseases = temporarily suspended
- Other requirements of colleges and universities

ARTICLE V: GENERAL RULES

- **School + CHED-accredited** training laboratory must provide a training program
- School and training center (**MOA**)
- Only to **accredited** training centers
- **Pay affiliation fee**
- Conduct **seminars** relevant to MT education
- **32 hrs/week; not exceeding 1,664 hours in a year**

Clinical Chemistry	300 hrs
Clinical Microscopy & Parasitology	200 hrs
Microbiology	250 hrs
Hematology	300 hrs
Blood Banking	200 hrs
Histopathologic Technique & Cytology	100 hrs
Immunology & Serology	220 hrs
Laboratory Management (collection, handling, transport and receiving of specimen, quality assurance, safety and Waste management)	54 hrs
Phlebotomy	40 hrs
TOTAL	1664 hours

ARTICLE VI: DUTIES AND RESPONSIBILITIES OF A CI/IC/CLINICAL COORDINATOR

- **1:25** (Clinical Instructor:Students)
- **Duties**
 - Acts as a **liaison officer**
 - Coordinates with the training officer and/or the chief MT in the proper implementation of the ITP
 - Perform other functions as maybe assigned by the Dean/Head of the HEI

ARTICLE VII: DUTIES AND RESPONSIBILITIES OF INTERN

SECTION 1: CONDUCT AND BEHAVIOR

SECTION 2: ATTENDANCE AND PUNCTUALITY

DUTY

- 8, 8, 16 for 52 weeks = **1,664 hours**
- 8, 8, 8, 8 for **52 weeks**
- Out of Post (w/in the lab) = **2 hours MUD**
- Out of Post (outside the hospital) = **3 days MUD**
- One day off per week, and another day for MTAP and seminar

TARDINESS

- Three consecutive tardiness = **1 day unexcused absence**
- Accumulated sixty minutes = **1 day MUD**
- Habitual tardiness = **conference** with CI, Parents/Guardian, and/or suspension

ABSENCES

- Excused absence - **1 day MUD**
- Unexcused absence - **2 days MUD**
- **Absences of > 20%** of total no. of internship hours
 - Repeat section
 - Repeat internship

SECTION 3: GROOMING

SECTION 4: BREAKAGES



MEDICAL TECHNOLOGY LAWS & BIOETHICS

MEDICAL TECHNOLOGY EDUCATION | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

ARTICLE VIII: MERITS AND DEMERITS

- Merits (exemplary performance)
- Demerits (violation of the training rules and regulations)

ARTICLE IX: RESPONSIBILITIES OF HEI AND THE ACCREDITED MT TRAINING LABORATORIES

HEIS

- Requirements:
 - **Permit** and **recognition** from CHED
 - **Compliance** with the provisions of RA 5527
- Provides a Clinical Instructor
- Ensure that interns pay or replace damages
- Ensure that CIs and students abide with the policies, rules, and regulations of the hospitals

MEDICAL TECHNOLOGY TRAINING LABORATORIES

- **Licensed tertiary clinical laboratory** duly accredited by CHED
- Adequate **no. of RMTs** for each section of the lab
- Adequate **space**, sufficient **equipment** and **supplies**
- Adequate **supervision**
- **Orientation** of interns on policies and procedures of the laboratory (1st day of internship)

JOINT RESPONSIBILITIES OF THE HEI AND THE TRAINING LAB

- Implementation of the training program
- Evaluate the implementation of the program
- Adhere to the terms and conditions stipulated in the MOA

ARTICLE X: PERFORMANCE EVALUATION

- **Examinations:** Theoretical and Practical
- **Clinical Performance**
 - Competency Skills
 - Attitude and Behavior
 - Attendance and Punctuality

ARTICLE XI: SANCTIONS

- Training labs found with non-compliance during renewal shall be given **three months** to comply



MEDICAL TECHNOLOGY LAWS & BIOETHICS

RA 5527: THE PHILIPPINE MEDICAL TECHNOLOGY ACT OF 1969 AND ITS AMENDMENTS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

DEFINITION OF TERMS

REPUBLIC ACT	<ul style="list-style-type: none"> Piece of legislation enacted as a polie which may govern the conduct and behavior of an individual or group and uphold principles of the Constitution
PRESIDENTIAL DECREE	<ul style="list-style-type: none"> Connotes the judgement of the court automatically approved by President. Ferdinand E. Marcos Sr.
EXECUTIVE ORDER	<ul style="list-style-type: none"> President's directives implementing or interpreting certain constitutional provisions or treaties
SENATE BILL	<ul style="list-style-type: none"> Proposed legislation that has been issued or was modified by Congress or Senate

HOUSE BILL 8220	<ul style="list-style-type: none"> Philippine Medical Technology Act of 2018 Cong. Luis Raymond Villafuerte Jr.
SENATE BILL NO. 172	<ul style="list-style-type: none"> Philippine Medical Technology Act of 2025 Sen. Christopher "Bong" Go

RA 5527

SECTION 1: TITLE

- The Philippine Medical Technology Act of 1969**
- June 21, 1969**
- Approved by: **Ferdinand E. Marcos Sr**

SECTION 2: DEFINITION OF TERMS (PD 498)

PRACTICE OF MEDICAL TECHNOLOGY

- A person shall be deemed to be in the practice of medical technology within the meaning of this Act, who shall for a **fee, salary or other compensation or reward paid or given directly or indirectly through another**, renders any of the following professional services for the **purpose of aiding the physician in the diagnosis, study and treatment of diseases** and in the **promotion of health** in general:
 - Examination of **tissues, secretions, and excretions** of the human body and body fluids by various electronic, chemical, microscopic, **bacteriologic, hematologic, serologic, immunologic, nuclear**, and other laboratory procedures and techniques, either manual or automated
 - Blood banking** procedures and techniques
 - Ex. Blood Typing, Cross Matching, DAT/IAT
 - Parasitologic, mycologic, microbiologic** procedures and techniques
 - Ex. Culture and Sensitivity, DFS
 - Histopathology and cytotechnology**; Provided that nothing in this paragraph shall inhibit a duly registered medical laboratory technician from performing histopathologic techniques and procedures
 - Clinical Research involving patients/ human beings
 - Preparation and Standardization of reagents, standards, stains, and others
 - Clinical lab quality control
 - Collection and preservation of specimens

AMENDMENTS TO RA 5527

- Changes** to certain provisions of a RA
- Changes are made or to be made for the purpose of **adapting** to what is presently existing in the professional practice and **expanding** the rights and privileges extended to an individual or group of persons
- MT ACT**: salary and compensation w/c commensurate to the competencies and skills of the Filipino MT

RA 6138	<ul style="list-style-type: none"> Approved: August 31, 1970 Sections: 16, 21, 22
PD 498	<ul style="list-style-type: none"> Approved: June 28, 1974 Sections: 2, 3, 4, 7, 8, 11, 13, 16, 17, 21, 29
PD 1534	<ul style="list-style-type: none"> Approved: June 11, 1978 Sections: 3, 8, 11, 13

PROPOSED BILLS

SENATE BILL NO. 2722	<ul style="list-style-type: none"> Philippine Medical Technology Act of 2011 Sen. Edgardo Angara
SENATE BILL NO. 3502	<ul style="list-style-type: none"> Philippine Medical Technology Act of 2013 Cong. Leopaldo Bataoil
SENATE BILL NO. 2473	<ul style="list-style-type: none"> Philippine Medical Technology Act of 2014 Sen. Teofistor Guingona III



MEDICAL TECHNOLOGY LAWS & BIOETHICS

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PATHOLOGIST

- A **duly registered physician** who is specially trained in methods of laboratory medicine, or the gross and microscopic study and interpretation of tissues, secretion and excretions of the human body and its functions in order to diagnose disease, follow its course, determine the effectivity of treatment, ascertain cause of death and advance medicine by means of research.

MEDICAL TECHNOLOGIST

- A **person who engages in the work of medical technology under the supervision of a pathologist or licensed physician** authorized by the DOH in places where there is no pathologist and who has passed the prescribed course (BSMT or Bachelor of Science in Hygiene) of training and examination is registered under the provisions of this Act.

MEDICAL TECHNOLOGIST TECHNICIAN

- A person certified and registered with the Board as **qualified to assist a medical technologist** and/or qualified pathologist in the practice of medical technology as defined in this Act.
- 70% - 74%

ACCREDITED MT TRAINING LABORATORY

- For a clinical lab to be considered as a training lab, the ff must be present:
 - **Tertiary** clinical laboratory
 - Accredited with **HFSRB of the DOH**
 - Accredited with **CHED**

RECOGNIZED SCHOOL OF MT

- Angeles University Foundation
- University of Santo Tomas
- Far Eastern University
- Saint Louis University
- Centro Escolar University
- Manila Central University

COUNCIL

- The Council of medical technology education established under this act: **Education and Students**

BOARD

- The Board of Examiners for Medical Technology established under this act: **Practice and Graduate**

SECTION 3: COUNCIL OF MEDICAL TECHNOLOGY EDUCATION, ITS COMPOSITION

CHAIRMAN

- Director of Higher Education
 - **Prospero De Vera**

VICE CHAIRMAN

- PRC Commissioner
 - **Charito Zamora**

MEMBERS

- Department of Health Secretary
 - **Teodoro Herbosa**
- Board of MT Chair and Members
 - **Dr. Marilyn Cabal Barza**
 - **Dr. Leila Lany M. Florento**
- PASMETH Representative (President)
- President of the Philippine Society of Pathologists (PSP)
 - **Alan Koa**
- PAMET President
 - **Luella A. Vertucio**

SECTION 4: COMPENSATION AND TRAVELING EXPENSES OF COUNCIL MEMBERS

- For every meeting actually attended,
 - The **Chairman** shall be entitled to fifty pesos (**P50.00**) per diem
 - The **members** shall be entitled to twenty-five pesos (**P25.00**) each regardless of whether or not they receive regular salaries from the government.
- In addition, the **Chairman and members of the Council** shall be entitled to traveling expenses in connection with their official duties.

SECTION 5: FUNCTIONS OF THE COUNCIL OF MEDICAL TECHNOLOGY MEMBERS

- **Recommend the minimum required curriculum for MT course**
- Determine and prescribe the number of students allowed to take up the medical technology course in each school
- Approve medical technology schools meeting the requirements and recommend closure of those found to be substandard.
 - Student: Instructor
 - Availability of Facilities



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- Require MT schools to submit an annual report on or before the month of **June**. Annual report includes:
 - Total # of students x Instructors
 - List of facilities available for instruction
 - List of recent graduates and new admissions
- Inspect different MT schools in the country: **High-standard education**
- Certify for admission into the undergraduate internship program and collect **5 PHP**
- Formulate and recommend approval of **refresher course (Three Times)**
- Promulgate, prescribe, and enforce necessary **rules and regulations** for the proper implementation of the foregoing functions

SECTION 6: MINIMUM REQUIRED COURSE

- **4 years** MT course
- **12 months** internship
- Council is hereby authorized, subject to the approval of the **Secretary of Education** to change, remove from or add to the subjects listed as the needs and demands of progress in the science of medical technology may require.

English	Biochemistry
Spanish	Gross Anatomy
Social Science	Histology
General Zoology	Physiology
Botany	Clinical Parasitology
Mathematics	General Pathology
College Physics	Microbiology
General Chemistry	Biostatistics
Qualitative Chemistry	Clinical Laboratory Methods including hematology, serology, blood banking, clinical microscopy, applied microbiology, and parasitology, histopathologic techniques, and cyto-technology.
Quantitative Chemistry	

SECTION 7: MEDICAL TECHNOLOGY BOARD

COMPOSITION (PRBMT)

- 3-person commission
 - (1) Chairman: **Pathologist**
 - (2) Members: **2 RMT**
- Appointed by: **President of the Philippines**
- Recommended by: **PRC**
- Tenure of Office: **3 years** or until a new successor (due to death) is appointed and duly qualified to serve and balance the term

CURRENT PRBMT COMPOSITION

- Chairman: **Hon. Marilyn A. Cabal-Barza**
- Members:
 - **Hon. Leila Lany M. Florento**
 - **Hon. Maria Lourdes L. Gatbonton**

SECTION 8: QUALIFICATION OF EXAMINERS

- Filipino Citizen
- Of **good moral character**
- **Qualified Pathologist/duly RMT**
- Has been in the practice of laboratory medicine or medical technology for **at least 10 years** prior to his appointment
- Not a member of the faculty of any medical technology school for **at least 2 (two) years** prior to appointment or having any pecuniary interest direct or indirect in such institution

EO 496 SERIES OF 1991: DISQUALIFICATIONS

- Complete 2 terms of PRB
- Incumbent/current national policies and organization
- Solicit and use influence in seeking their nominations

SECTION 9: EXECUTIVE OFFICER OF THE BOARD

CIVIL SERVICE COMMISSIONER (CSC)

- **Inspect and audit the personnel actions and programs** of the departments, agencies, bureaus, offices, local government, including government-owned or controlled corporations
- Conduct **periodic review of the decisions and actions** of offices or officials to whom authority has been delegated by the Commission

SECTION 10: COMPENSATION OF MEMBERS OF THE BOARD OF EXAMINERS FOR MEDICAL TECHNOLOGY

- Each member of the board shall receive:
 - **10 PHP** for each applicant examined (Current Board Exam fee: 900 PHP)
 - **5 PHP** for each applicant granted a COR w/o examination

SECTION 10 OF RA 8981

- **2 salary grades** lower than the salary grade of the **commissioner**, provided that the chairman shall receive compensation of **2 steps higher than the members** plus allowances and benefits.

SECTION 11: FUNCTIONS AND DUTIES OF THE BOARD

- (A) Administer the provisions of this Act;
- (B) Administer **oaths**
- (C) Issue, suspend and revoke **certificates of registration**



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- (D) Look into conditions affecting the practice of medical technology in the Philippines and, whenever necessary, adopt such a measure that may be deemed proper for the maintenance of good ethics and standards in the practice of medical technology
- (E) Investigate such violations of this Act or of the rules and regulations issued thereunder
- (F) Draft such rules and regulations as may be necessary to carry out the provisions of this Act
- **(G) Repealed:** To determine the adequacy of the technical staff of all clinical laboratories and blood banks before they could be licensed by the Department of Health in accordance with:
 - RA 1517 (Blood Banking Law of 1956)
 - RA 4688 (Clinical Laboratory Law)
- (H) To prescribe the qualifications and training of medical technologists as to special fields of the profession and supervise their specialty examination conducted by the professional organization of medical technologists
- **(I) Repealed:** To classify and prescribe the qualification and training of the technical staff of clinical laboratories
- Classification of Technical Staff:
 - Pathologist
 - Senior/Chief Medical Technologist
 - Medical Technologist
 - Medical Laboratory Technician

ADMINISTRATIVE	QUASI-LEGISLATIVE	QUASI-JUDICIAL
<ul style="list-style-type: none"> • Subsections: A, B, G, H I 	<ul style="list-style-type: none"> • Subsections: D, F 	<ul style="list-style-type: none"> • Subsections: C, E

SECTION 12: REMOVAL OF THE BOARD MEMBERS

- Any member of the Board may be **removed by the President of the Philippines:**
 - Malpractice
 - Incompetency
 - Immoral conduct
 - Neglect of duty
 - Dishonorable act
 - Unethical or unprofessional conduct
- After having been given the opportunity to defend himself in a proper and administrative investigation:
 - Provided that during the process of investigation, the President shall have the **power to suspend** such a member under investigation and appoint a temporary member in his place.

SECTION 13: ACCREDITATION OF SCHOOLS OF MT AND TRAINING LABORATORIES

SCHOOLS OF MT

- Upon the recommendation of the MT Board, the **Department of Education and Culture** shall approve schools of MT in accordance with the provisions of this Act, as amended, in conjunction with the Board of MT.

TRAINING LABORATORIES

- The **DOH, through the Bureau of Research and Laboratories**, shall approve laboratories for accreditation as training laboratories for medical technology students or postgraduate trainees in conjunction with the **Board of MT**.
- The laboratories shall show satisfactory evidence that they possess **qualified personnel** and are **properly equipped** to carry out laboratory procedures commonly required in the following fields:
 - Clinical Chemistry, Microbiology, Serology, Parasitology, Hematology, Blood Banking, Clinical Microscopy, and Histopathologic techniques,
- The **scope of activities** of said laboratories offers sufficient training in said laboratory procedures.

CMO 13 SERIES OF 2017

- BSMT to **CHED**

DOH AO 11 SERIES OF 2017

- Accreditation of Clinical Laboratories for the Training of Medical Technology Interns from **CHED**

SECTION 14: INHIBITION AGAINST THE PRACTICE OF MEDICAL TECHNOLOGY

- No person shall practice or offer to practice medical technology as defined in this Act without having previously obtained a valid certificate of registration from the Board, **provided that registration shall not be required of the following:**
 - Duly registered physicians
 - Medical technologists from other countries called in for consultation or as visiting or exchange professors to colleges or universities, provided they are only practicing the said function
 - Medical technologists in the service of the United States Armed Forces stationed in the Philippines, rendering services as such members of the said forces only

SECTION 15: EXAMINATION

- All applicants for registration as medical technologists shall be required to **undergo a written examination** which shall be given by the board **annually**
 - Manila, Cebu, Davao
 - August or September



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- Notices of such examination shall be published in at least **3 newspapers of national circulation** by the secretary of the board of **at least 30 days** prior to the date of examination
 - Registration: **3 months** before the boards
 - Deadline: **1 month** before the boards

MARCH							
10	Medical Technologists	March 05 and 06, 2026	Thu and Fri	NCR, Baguio, Butuan, Cagayan de Oro, Cebu, Davao, Iloilo, Legazpi, Lucena, Pagadian, Pampanga, Rosales, Tacloban, Tuguegarao, and Zamboanga	December 05, 2025	February 03, 2026	March 11, 2026
40	Medical Technologists	August 15 and 16, 2026	Sat and Sun	NCR, Baguio, Butuan, Cagayan de Oro, Cebu, Davao, Iloilo, Koronadal, Legazpi, Lucena, Pagadian, Pampanga, Rosales, Tacloban, Tuguegarao and Zamboanga	May 15, 2026	July 17, 2026	August 19, 2026

SECTION 16: QUALIFICATION FOR EXAMINATION

- Every applicant examination under this Act, shall, prior to the date thereof, furnish the Board satisfactory proof that he or she:
 - Is in good health and is of good moral character;
 - Has completed a course of **at least four (4) years** leading to the degree of Bachelor of Science in Medical Technology or Bachelor of Science in Public Health conferred by a recognized school, college, or university in accordance with this Decree
 - Or having graduated from some other profession and having actually performed medical technology for the last **five (5) years** prior to the date of the examinations, if such performance began prior to **June 21, 1969**

REQUIREMENTS FOR MTLT (PRC BOARD RESOLUTION NO. 41 SERIES OF 2023)

- Degree/Course Requirement: **BSMT/BSPH/BSMLS**
- First Timers:**
 - Documentary Requirements:
 - PSA-Issued Birth Certificate
 - PSA-Issued Marriage Contract
 - Transcript of Records For Boards
- Repeaters:**
 - All repeater examinees shall provide the schools/universities where they graduated copies of their NOA for information purposes
 - Requirements applicable to those who have failed the MTLT for **at least 3 times**
 - Certificate of Completion of **12 months refresher course** issued by the institution
 - Certificate of internship (for those who will repeat the internship program)

SECTION 17: SCOPE OF EXAMINATION

Clinical Chemistry	20%
Microbiology & Parasitology	20%
Hematology	20%
Blood Banking & Serology	20%
Clinical Microscopy (Urinalysis and other body fluids)	10%
Histopathologic Techniques, Cytotechnology, Medical Technology Laws, Related Laws and its implementing rules, and the Code of Ethics	10%

- The Board shall compute the **general average of each examinee according to the above-mentioned relative weights of each subject.**
- Provided, however, that the Board may change, add to or remove from the list of subjects or weights above as progress in the science of Medical Technology may require, subject to the prior approval of the PRC, and publication of the change or amendment **at least 3 months** prior to the date of examination in which the same is to take effect
- Preparation of the schedule of subjects**
 - Board to PRC (for publication **at least 30 days** before the date of the examination)
- Changing, adding, or removing list of subjects or weights:**
 - Board to PRC (publication **at least 3 months** prior to the date of examination)

REVISED PROGRAM OF THE MEDICAL TECHNOLOGISTS LICENSURE EXAMINATION ON AUGUST 12 AND 13, 2025

DATE AND TIME	SUBJECTS
TUESDAY, AUGUST 12, 2025 7:00 A.M. - 7:45 A.M.	GENERAL INSTRUCTION FILLING OUT OF FORMS
8:00 A.M. - 10:00 A.M. 11:00 A.M. - 1:00 P.M. 2:00 P.M. - 4:00 P.M.	Clinical Chemistry Microbiology and Parasitology Clinical Microscopy
WEDNESDAY, AUGUST 13, 2025 8:00 A.M. - 10:00 A.M. 11:00 A.M. - 1:00 P.M. 2:00 P.M. - 4:00 P.M.	Hematology Blood Banking and Serology Histopathologic Techniques, Medical Technology Laws and Ethics

SECTION 18: REPORT OF RATING

- The Board shall, **within 120 days** after the date of completion of the examination, report the result thereof to the **Commissioner of Civil Service**, who shall submit such result to the President of the Philippines for approval



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- Submit the results in all subjects duly signed by the **member of the board** to the Commission **within 10 days** from the last day of examination, unless extended by the Commission for justifiable cause/s

SECTION 19: RATING IN THE EXAMINATION

- In order to pass the examination:
 - GWA of **at least 75%**
 - No rating **below 50%** in any of the major subjects
 - Not failed **at least 60%** of the subjects computed according to their relative weights

REFRESHER COURSE

- No further examination, unless and until he shall have completed **12 months refresher course** in an accredited laboratory
- Provided that a graduate of the paramedical profession other than BSMT/Bachelor of Science in Hygiene, admitted to an examination under the provisions of this Act shall not be given further examinations after his **failure to qualify for the 3rd time**

SECTION 20: OATH TAKING

- All successful examinees shall be **required to take a professional oath before the Board** or before any person authorized to administer oaths prior to entering upon the practice of medical technology in the Philippines

PRC RES. 1130 SERIES OF 108

- **No COR and PIC shall be issued**, ..., unless he/she submits proof of having taken the Oath of Profession

SECTION 21: ISSUANCE OF COR

- No such certificate shall be issued to any successful applicant who has not attained the **age of 21 years**
- All certificates shall be **signed by the members of the Board and by the Commissioner of PRC**
- The duly registered medical technologist shall be required to display his certificate of registration in the place where he works
- The Board shall issue a certificate of registration as a MT **without examination**:
 - To persons who have graduated with **BSMT/ BSPH** in duly recognized schools of medical technology in PH or in any foreign country. Provided, that in case of the latter, the standard of medical technology education is substantially the same as ours, and in addition shall have been in the practice of medical technology for **at least 3 years** prior to the filing of the application in laboratories in PH duly accredited by the Bureau

of Research and Laboratories, DOH, or in foreign countries if such performance began prior to **June 21, 1969**

- Also to all other persons who have graduated from other professions and have been actually performing medical technology practice **for the last 8 years** prior to the filing of the application, Provided, that such performance began prior to **June 21, 1969**.

COR AS MLT

- He or she passed the CSE for medical technician on March 21, 1964; or
- Has finished a two-year college course and has at least **one (1) year of experience as medical laboratory technician** provided, that for every year of deficiency in college attainment **two (2) years of experience** may be substituted; Provided, further, that an applicant who has at **least ten (10) years experience as medical laboratory technician** as of the date of approval of this Decree regardless of his academic attainment may qualify for registration without examination
- Has failed to pass the board examination for medical technology, but has obtained a general rating of **at least 70%**. Provided, finally, that a registered medical laboratory technician, when employed in the government, shall have the equivalent civil service eligibility not lower than second grade.

PRBMT RES. NO. 11 SERIES OF 2011

- General rating of **at least 70% but lower than 75%** in the MTLE are qualified to apply for registration **without examination** as MLT

SECTION 22: FEES

- **50 Php**: each **applicant** for examination and registration
- **25 Php**: for each **COR issued** without prior examination
- **10 Php**: issuance of a **new certificate** to replace a lost certificate

SECTION 23: REFUSAL TO ISSUE CERTIFICATE

- To any person convicted by the court of competent jurisdiction of any criminal offense involving moral turpitude
- Any person guilty of **immoral conduct or dishonorable conduct**
- Person **with unsound mind, or incurable communicable disease**

SECTION 24: ADMINISTRATIVE INVESTIGATION

- Conducted by **at least 2 members** of the Board with one legal officer;



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- Revoke/Suspend COR: **Unanimous vote by the 3 members** of the board (Reason: Section 29)
 - Unprofessional Conduct
 - Malpractice
 - Incompetency
 - Serious Ignorance
 - Gross Negligence
- **Penalty, Reprimand, or Suspension**
 - Not to exceed **2 years**
 - Majority vote
 - 2 Board Members
 - 1 Legal Officer
- **Suspension/Revocation:** surrender COR to the board within **30 days** (term of suspension runs from the day COR submitted)
 - Failure: **Perpetual Disqualification**

on the same as the subject or citizens of said country or state

SECTION 28: ROSTER OF MEDICAL TECHNOLOGISTS

- Made annually by the **Secretary of the BOMT**
- **Name, address, citizenship, date of registration, or issuance of certificate, other pertinent information**
- Open to public inspection
- Mailed to each person
- Placed in the file of the Office of the President

PRC RESOLUTION NO. 217 SERIES OF 1992

- Delisting of names of **delinquent** (failure to pay the annual fee for 5 years) professionals from the rolls of registered professionals

SUSPENSION	REVOICATION
<ul style="list-style-type: none"> ● At least $\frac{2}{3}$ votes 	<ul style="list-style-type: none"> ● At least 3/3 votes

SECTION 29: PENAL REVISIONS

- A fine of not less than **two thousand pesos** (2000 php) nor more than **five thousand pesos** (5000 php), or imprisonment for not less than **six months nor more than two years**, or both, in the discretion of the court:
- Any medical technologist who shall:
 - Practice medical technology **without the necessary supervision** of a qualified pathologist
 - Knowingly made a **fraudulent laboratory report**
 - **Refuse or fail to display his COR** in the placewhere he works
- Any person, who shall:
 - Practice medical technology **without being registered** or exempted from registration
 - Present or attempt to use as his own, the COR of another
 - Give any **false or fraudulent evidence** to the Board in obtaining a COR
 - **Impersonate** any registrant or attempt to use a revoked or suspended COR
 - Assume, **use or advertise any title or description** tending to convey the impression that he is a Medical Technologist without holding a valid COR
- Any person or corporate body who shall:
 - **Violate the rules and regulations of the Board or orders promulgated by it**

SECTION 25: APPEAL

- The revocation or suspension of a certificate made by the Board shall be subject to **appeal to the Civil Service Commissioner**, whose decision shall become **final 30 days after its promulgation**, unless the respondent within the same period has appealed to the office of the President of the Philippines

RA 8981

- The decision of the Professional Regulatory Board becomes final and executory **after 15 days** from receipt of notice of judgment or decision, unless appealed to the commission

SECTION 26: REINSTATEMENT, REISSUE, OR REPLACEMENT OF CERTIFICATE

- The suspension of the certificate shall be **reissued** to the medical technologist concerned upon request without prejudice to further actions by the Board for violation of the provisions of this Act or conditions imposed by the Board upon the medical technologist during the period of suspension.

SECTION 26: FOREIGN RECIPROCITY

PRINCIPLE OF FOREIGN RECIPROCITY

- **No foreigner shall be admitted to the examination**, be given a certificate of registration, or be entitled to any of the rights and privileges under this Act unless the country or state of which he is a subject or citizen permits Filipino Medical Technologists to practice within its territorial limits

PD 498

- Allow **anyone to engage in the practice of MT** or recommend for appointment anyone to the position of MT or MLT, knowing that he is not registered as such.



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SECTION 30: SEPARABILITY CLAUSE

- If any provision of this Act or the application of such provision to any person or circumstance is declared invalid by a court of competent jurisdiction, the remainder of this Act or of the application of such provision to other persons or circumstances shall not be affected by such declaration.

SECTION 31: REPEALING CLAUSE

- All Acts, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed:
- Provided, however, that nothing in this Act shall be construed as repealing or amending any portion of the Medical Act of 1959 (R.A. 2382, as amended by R.A. 4224), the **Clinical Laboratory Act of 1966** (R.A. 4688), and the **Blood Banking Law of 1956** (R.A. 1517).

SECTION 32: EFFECTIVITY

- This Act shall take effect upon its approval
- Approved: **June 21, 1969**



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

BRIEF HISTORY AND BACKGROUND OF THE PROFESSIONAL REGULATION COMMISSION

- Established on: **January 4, 1974**
 - The date when PD 223 became functional and turned into PRC
- First PRC Commissioner: **Architect Eric C. Nubla**
- Current PRC Commissioner: **Hon. Charito A. Zamora**
- February 12, 1975**
 - Transferred the location to the CSC building on P. Paredes Street in Sampaloc, Manila

PRESIDENTIAL DECREE 223 (PD 223)

- Established on: **June 22, 1973**
- Approved by: President Ferdinand E. Marcos Sr.

PRC STATEMENTS

VISION	<ul style="list-style-type: none"> The Professional Regulation Commission is the instrument of the Filipino people in securing for the nation a reliable, trustworthy and progressive system of determining the competence of professionals by credible and valid licensure examinations and standards of professional practice that are globally recognized.
MISSION	<ul style="list-style-type: none"> To deliberately, scientifically and consistently determine the competence of professionals through the provision of professional standards and judicious issuance of professional license. <ul style="list-style-type: none"> Professionalism, integrity Responsibility, unity, and accountability Competence and excellence

PRC FUNCTIONS

QUASI-JUDICIAL	<ul style="list-style-type: none"> Investigation Administrative Investigation Revoke, Suspend COR and PIC Issuance of summons Decision of the commission = Regional Trial Court (RTC)
QUASI-LEGISLATIVE	<ul style="list-style-type: none"> Formulation of rules and policies Rule-making power Approve, review, and revise resolutions (PRBMT)

EXECUTIVE

- Implementation, administration, and enforcement of regulatory policies
- Licensing of professionals
- Maintenance of Professionals
- Standards of ethics

PD 223: CREATING THE PROFESSIONAL COMMISSION AND PRESCRIBING ITS FUNCTION

PRESIDENTIAL DECREE 223 (PD 223)

- Number of sections: **10 sections**
- Date of Approval: **June 22, 1973**
- President: **Ferdinand E. Marcos Sr.**

SECTION 1: PROFESSIONAL REGULATION COMMISSION

- Three-man** commission
- Attached to the: **Office of the President**

SECTION 2: COMPOSITION

- One** Full-time Commissioner
- Two** Full-time Associate Commissioners
- Appointed by: **President Ferdinand E. Marcos Sr.**
- Term of Office: **9 years**
 - Except for the first 2 associate commissioners
- Requirements:
 - At least **forty years of age**.
 - Familiar with the **principles** and **methods** of professional regulation and/or licensing.
 - At least five years** of executive or managerial experience.

SECTION 7: NAME OF VARIOUS BOARDS

- The names of the various Boards shall be changed by **deleting** the word "**Examiners**"

RA 8981: PRC MODERNIZATION ACT OF 2000

- Number of sections: **21 sections**
- Date of Approval: **December 5, 2000**
- President: **Joseph Ejercito Estrada**
- In fulfillment of its legal mandate, the PRC performs **two important functions**:
 - Conduct and administer **licensure examinations** to aspiring professionals.
 - Regulate** and **supervise** the practice of the professions in partnership with the forty-three Professional Regulatory Boards (PRBs).
 - PRBs (1) govern their respective **professions' practice and ethical standards**, and
 - (2) **accredit** the professional organization representing the professionals.



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

IMPORTANT NOTE !

It is the latest law and licensure examination is now computerized; PRBs carry RA5527 provisions for the regulation of MT in the Philippines; Accreditation from the organizations such as PAMET

SECTION 1: TITLE

- **PRC Modernization Act of 2000**

SECTION 2: STATEMENT OF POLICY

- The State recognizes the important role of professionals in nation-building and, towards this end, promotes the **sustained development of a reservoir** (supply) of professionals whose competence has been determined by honest and credible licensure examinations and whose standards of professional service and practice are internationally recognized and considered world-class brought about the regulatory measures, programs and activities that foster professional growth and advancement.

SECTION 3: PROFESSIONAL REGULATION COMMISSION

- A **three-man** commission attached to the **office of the President**.

EXECUTIVE ORDER 565

- **September 11, 2006**
- "Attaching the PRC to the DOLE for General Direction and Coordination"
- From the Office of the President to the **Department of Labor and Employment (DOLE)**

SECTION 4: COMPOSITION

- **One** full-time chairperson: **Hon. Charito A. Zamora**
- **Two** full-time commissioners
 - **Hon. Erwin M. Enad**
 - **Hon. Conrado T. Onglao**
- Appointed by the **President of the Philippines**
- Term: **7 years** (Without reappointment)
- One of the commissioners must be a past chairperson/member of a PRB.

CHAIRPERSON OR COMMISSIONER

- **40 years old**
- **Valid COR/professional license** and a **valid professional identification card (PIC)** or a valid certificate of competency issued by the Commission or a valid professional license issued by any government agency.
- Familiar with the **principles** and **methods** of professional regulation and/or licensing.

- Had **at least five years** of executive or management experience.

SECTION 5: EXERCISE OF POWERS AND FUNCTIONS OF THE COMMISSION

COMMISSION

- General administrative, executive and policy-making functions of the Commission.

CHAIRPERSON

- **"Chief Executive Order"**
- Responsibilities:
 - Meetings, implementation of the policies and the programs for the general administration of the Commission, and perform activities needed for the exercise of **Section 7**.

SECTION 6: COMPENSATION AND OTHER BENEFITS

- Chairperson = **Department Secretary**
- Commissioners = **Undersecretary**

SECTION 7: POWERS, FUNCTIONS, AND RESPONSIBILITIES OF THE COMMISSIONS

- Administer, implement, and enforce the regulatory policies of the national government with respect to the **regulation and licensing of the various professions (46) and occupations** under its jurisdiction including the **enhancement and maintenance** of professional and occupational standards and ethics and the enforcement of the rules and regulations.
- To perform all necessary acts, enter into contracts, and **issue rules, regulations, orders, and other administrative issuances** needed to **carry out its functions** and improve its services.
- Review, revise, and approve resolutions, embodying policies promulgated by the PRBs in the exercise of their powers and functions or in implementing the laws regulating their respective professions.
- Conduct **more than one licensure examination**.
 - When there are **two or more** examinations, at least one shall be held on **weekdays**.
 - If only **one** examination is given, it shall be held on a **weekday**.

REFRESHER COURSE

- Failed to pass **three (3) times**



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

INFORMATION SEEN ON PRC ID

- Name of the Professional
- Profession
- Registration Number/ License Number
 - Unique to EVERY PROFESSIONAL under PRC (General)
- Expiration Date - Valid for 3 years
 - Expiring ON or BEFORE the professional's BIRTHDAY



- Admit successful examinees to the practice of the profession or occupation, **issue CORs and PICs**.
- Submit and **recommend** to the **President of the Philippines** the names of licensed/registered professionals for appointment as members of the various PRBs.
 - Pursuant to **E.O. 496 Series of 1991** (Qualifications and Disqualification of becoming PRB Member)
 - Procedures and Criteria for the Selection and the Recommendation of Nominees for Appointment to Vacant Positions in the PRBs under the Supervision of the PRC
- Approve the registration** of and **authorize the issuance** of a COR/ PIC with or without examination to a foreigner who is registered under their country...

- Exercise **administrative supervision** over the various PRBs and its members.
- Investigate** any member of the PRB, revoke, suspend their COR/PIC, and recommend their suspension or removal to the President.
- Implement **full computerization** of all licensure examinations, including the registration of professionals.

FUNCTIONS UNIQUE TO THE PRC

- Monitor** the performance of the school in the licensure exam.
- Approve and release** board exam results (Issue COR).
- Recommend to the **President** the roster of new professionals.

SECTION 9: POWERS, FUNCTIONS, AND RESPONSIBILITIES OF THE VARIOUS PRBS

FUNCTIONS UNIQUE TO THE PRB

- Regulate and monitor the practice of professions.
- Administrative investigation for each profession.
- The decision becomes final in **15 days** unless appealed to the PRC
- Syllabus** creation/TOS for the examination.
- Formulation** of board questions.
- Submission of results** within **10 days**.
- Serves as CPE council.

FUNCTIONS UNIQUE TO THE PRC AND BOARD

- Authorize** any officer of PRC to administer an oath.
- Administer** and **conduct** licensure exam of various profession.
- Review, revise, and approve** resolution.
- Administer and implement **policies** of the Commission.

PRC RESOLUTION 1130 SERIES OF 2018

- No COR and PIC** shall be issued, ..., unless he/she submits proof of having taken the Oath of Professional.

SECTION 11: PERSON TO TEACH STUDENTS FOR LICENSURE EXAMINATION ON ALL PROFESSIONS

- Holders of valid CORs and valid professional licenses of the profession who comply with the other requirements of the CHED.



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

SECTION 15: PENALTIES FOR MANIPULATION AND OTHER CORRUPT PRACTICES IN THE CONDUCT OF PROFESSIONAL EXAMINATIONS

LICENSURE EXAM RESULT MANIPULATION OR RIGGING	<ul style="list-style-type: none"> Imprisonment: 6 years and 1 day to 12 years Fine: Php 50,000 to Php 100,000 Can be both at the discretion of the court.
LICENSURE EXAM RESULT MANIPULATION OR RIGGING (MEMBER OF PRB)	<ul style="list-style-type: none"> Removed from office Perpetual absolute disqualification from public office
ACCOMPLICES	<ul style="list-style-type: none"> Imprisonment: 4 years and 1 day to 6 years Fine: Php 20,000 to Php 49,000 Can be both at the discretion of the court.
ACCESSORY	<ul style="list-style-type: none"> Imprisonment: 2 years and 1 day to 4 years Fine: Php 5,000 to not more than Php 19,000 Can be both at the discretion of the court.

SECTION 21: EFFECTIVITY

- 15 days** following its publication in the Official Gazette or in **two (2) newspapers** of general circulation, whichever is earlier.
 - Data of Approval = Data of Enactment

ADDITIONAL INFORMATION

SUSPENSION	<ul style="list-style-type: none"> Public Calamity Epidemic with >25% of examinees absent.
TARDINESS	<ul style="list-style-type: none"> Accepted if not >30 minutes late. If no other examinees have finished the exam.

10 Medical Technologists March 26 & 27, 2025 Wed & Thu NCR, Baguio, Cagayan de Oro, Cebu, Davao, Iloilo, Koronadal, Legazpi, Lucena, Pagadian, Pampanga, Rosales, Tacloban, Tuguegarao, and Zamboanga December 27, 2024 February 26, 2025 April 02, 2025

RELATED ISSUANCES

EO NO. 496 SERIES OF 1991

- Instituting Procedures and Criteria for the Selection and the Recommendation of Nominees for Appointment to Vacant Positions in the Professional Regulatory Boards Under the Supervision of the Professional Regulation Commission

PRC RESOLUTION NO. 217 SERIES OF 1992

- Delisting the Names of Delinquent Professionals from the Rolls of Registered Professionals

PRC RESOLUTION NO. 93-268 SERIES OF 1993

- Guidelines & Procedures on the Mass Oath taking Ceremonies of the Professional & the New Members of the Accredited Professional Organization

EO NO. 200 SERIES OF 1994

- Institutionalization of the Full Computerization of the Licensure Examination Administered by the various Professional Regulatory Boards under the Supervision of the PRC

PRC RESOLUTION NO. 323 SERIES OF 199

- Admission of Foreigners to the Licensure Examination and Practice of the Professions

PRC RESOLUTION NO. 338 SERIES OF 1994

- Guidelines on the Implementation of EO no. 200

PRC MEMO CIRCULAR NO. 95-03 SERIES OF 1995

- Nature, Treatment and Loss of Confidential Documents, Records, Papers & Similar Effects

PRC RESOLUTION NO. 428 SERIES OF 1996

- Removal of the Name of a Professional from the Annual Roster for Delinquency in the Payment of Annual Registration Fee



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

PRC RESOLUTION NO. 11 SERIES OF 201

- Guidelines for the registration of ML Technicians

EO NO. 266

- Institutionalization of the Continuing Professional Education Programs of the various Professional Regulatory Boards under the supervision of the Professional Regulation Commission

RA 10912: CONTINUING PROFESSIONAL DEVELOPMENT ACT OF 2016

- Number of sections: **19 sections**
- Date of Approval: **July 21, 2016**
- President: **Benigno S. Aquino III**
- Lapse into law**
 - No signature of the president since it has lapsed

SECTION 1: TITLE

- “Continuing Professional Development Act of 2016”

SECTION 2: DECLARATION OF POLICY

- Promote and upgrade the profession**

SECTION 3: DEFINITION OF TERMS

ACCREDITATION	<ul style="list-style-type: none"> Formal or official approval granted to a person, a program or an organization, upon meeting essential requirements of achievement standards.
CPD	<ul style="list-style-type: none"> Continuing Profession Development The inculcation of advanced knowledge, skills and ethical values in a post-licensure specialized or in an inter- or multidisciplinary field of study for assimilation into professional practice, self-directed research and/or lifelong learning. (Ex. HIV Training)
CPD COUNCIL	<ul style="list-style-type: none"> Body created to promote and ensure the continuous improvement of professionals, in accordance with national, regional and international standards of practice.

CPD PROGRAM

- Set of learning activities** accredited by the CPD Council.
 - Through seminar, workshop, or volunteer projects
- CPD Provider**
 - Provides CPD program
 - Only accredited programs are considered (45 credit unit)

SECTION 5: NATURE OF CPD PROGRAMS

FORMAL LEARNING	<ul style="list-style-type: none"> Educational/curricular arrangements.
INFORMAL LEARNING	<ul style="list-style-type: none"> Learning that occurs in daily life which can contribute to a qualification.
LIFELONG LEARNING	<ul style="list-style-type: none"> Learning activities taken throughout life for the development of competencies.
NONFORMAL LEARNING	<ul style="list-style-type: none"> Learning acquired in addition to formal learning.
SELF DIRECTED LEARNING	<ul style="list-style-type: none"> Learning activities which did not undergo CPD accreditation but may be applied for and awarded CPD units.

SECTION 6: POWERS, FUNCTIONS, AND RESPONSIBILITIES OF THE PRC AND THE PRBS

- Organize CPD councils**
- Review** existing and new CPD Programs
- Formulate, issue, and promulgate** guidelines and procedure for the implementation of the CPD Programs.
- Coordinate with the **academe**, concerned government agencies, and other stakeholders in the implementation of the CPD Programs.
- Coordinate with **concerned government agencies** in the development of mechanisms and guidelines, in the grant and transfer of credit units earned from all the learning processes and activities (1 CU/hour)

SECTION 7: CPD COUNCIL

- CPD Council in each of the regulated professions
- Under the **supervision of the concerned PRB**
- Chairperson + 2 members** (3-man Commission)
- Chairperson: **member of the PRB**



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

- Members:
 - President or officer of the **APO**
 - President/officer of the **national organization of deans or department chairperson of schools (PAMET/PASMETH), colleges, or universities**
- Term:
 - Chairperson: **coterminous with their incumbency in the PRB**
 - Members: **2 years**
- CPD Council for Medical Technology
 - Chairperson: **Hon. Marilyn A. Cabal-Barza**
 - Members:
 - **Hon. Luella A. Vertucio**
 - **Hon. Jose Jurel M. Nuevo**

IMPORTANT NOTE !

Coterminous = Same boundary with the PRB

SECTION 8: POWERS, FUNCTIONS, AND RESPONSIBILITIES OF THE CPD COUNCIL

- Ensure the adequate and appropriate provision of CPD programs.
- Evaluate and act on applications for accreditation of CPD providers and their CPD programs.
- Monitor and evaluate the implementation of CPD programs.
- Assess and/or upgrade the criteria for accreditation of CPD providers and their CPD programs.
- Develop mechanisms for the validation, accreditation and recognition of self-directed learning, prior/informal learning, and other learning processes through professional work experience.
- Conduct researches, studies, and benchmarking for international alignment of the CPD programs.
- Issue operational guidelines, with the approval of the PRC and the PRB concerned.
- Perform such other functions related or incidental to the implementation of the CPD.

SECTION 10

- CPD as a **mandatory requirement in the renewal of professional license and accreditation system** for the practice of professions.

PRC RESOLUTION NO. 1032 SERIES OF 2017

- Implementing Rules And Regulations (IRR) Of Republic Act No. 10912, known as the "Continuing Professional Development (CPD) Act Of 2016"

PIC RENEWAL PERIOD	MINIMUM CU REQ'D FOR THE PROFESSION
JANUARY - JUNE 2017	0
JULY - DECEMBER 2017	30%
JANUARY - DECEMBER 2018	60%
JANUARY 2019 - ONWARDS	100%

PRBMT RESOLUTION NO.7 SERIES OF 2018

- Operational Guidelines on the Implementation of RA 10912, Otherwise known as "Continuing Professional Development Act of 2016" For Medical Technologists

YEAR OF RENEWAL	REQUIRED NUMBER OF CPD CREDIT UNITS	
	RMTs	MLTs
2018	30	20
2019 onwards	45	30

Major Area	RMT	MLT
Ethics	8	5
Standards of Professional Practice	12	8
Enhancement of Professional Practice and Technical Competence	20	14
Environmental Factors Affecting the Profession	5	3

MAXIMUM CREDIT UNITS FOR SELF-DIRECTED/LIFELONG LEARNING

MEDICAL TECHNOLOGY Registered Medical Technologists (RMTs)	15
Medical Laboratory Technicians (MLTs)	10

MATRIX OF CPD UNITS

Program/ Activity	Credit Units
Participant	Approved CU for program
Resource Speaker	3 CU/hr
Panelist/ Reactor	2 CU/hr
Facilitator/ Moderator	1 CU/hr
Master's Degree or Equivalent	Full CU upon completion
Professional Chair	15 CU/yr



MEDICAL TECHNOLOGY LAWS & BIOETHICS

PROFESSIONAL REGULATION COMMISSION LAWS | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

RELATED ISSUANCES

PRC RESOLUTION NO. 223-774

- Revised Guidelines on the Continuing Professional Development (CPD) Program for All Registered and Licensed Professionals

PRC RESOLUTION NO. 2019-1146 SERIES OF 2019

- Amendments to the Revised Guidelines on the Continuing Professional Development (CPD) Program for All Registered and Licensed Professionals

- Published: **February 13, 2019**
- PRC Chairperson: **Teofilo S. Pilando Jr**

PRC RESOLUTION NO. 2019-1146 SERIES OF 2019

- Amending Relevant Provisions of Resolution No. 1032, s. 2017, otherwise known as the Implementing Rules and Regulations (IRR) of RA 10912, known as the Continuing Professional Development Act of 2016"

SIGNIFICANT PROVISIONS

- CPD is still a **mandatory requirement** for the renewal of PIC of all registered and licensed professionals.
- Decrease in the number of required CPD units for the renewal of PIC
- 45 units - 15 units/3 years.**
- Accreditation of **CPD Programs** → **CPD Council** (interprofessional)

ACCREDITATION OF CPD PROVIDERS

- Validity = **3 years**

DURING THE TRANSITION PERIOD

- Professionals working overseas** shall not be covered by the CPD requirement.
- Newly licensed professionals** shall not be covered by the CPD requirement for the first renewal cycle after obtaining their license.
- Various CPD councils** shall reduce the required CPD credit units to a minimum, which shall **not be more than 15 CPD units.**

MEDICAL TECHNOLOGY Registered Medical Technologists (RMTs)	15
Medical Laboratory Technicians (MLTs)	10

YEAR	REQUIRED CPD CREDIT UNITS (CUs) PER YEAR, NOTWITHSTANDING THE PREVIOUSLY EXECUTED CPD UNDERTAKING
2024	15
2025	20
2026	30
2027 and onwards	45

TABLE 1 – REQUIRED CPD CREDIT UNITS (FOR THE RENEWAL OF PROFESSIONAL IDENTIFICATION CARD)

PROFESSION	REQUIRED CPD CREDIT UNITS	SENIOR CITIZEN/PWD			
		60 and above	65 and above	66 and above	70 and above
MEDICAL TECHNOLOGY Registered Medical Technologists (RMTs)	15	12			
Medical Laboratory Technicians (MLTs)	10	8			

Accreditation No.	Program Title	Program Type	Provider Name	Venue	Date Started	Date Finished	Credit Units
MED-2012-002-2491	Cholesterol Management for Primary Care	Conference	College of Medicine, University of the Philippines Manila	Zoom	September 26, 2025	September 26, 2025	1.00
MED-2012-002-2496	The Nurse Who Passed Me: Diagnosing and Decoding Neurospinal Pain	Conference	College of Medicine, University of the Philippines Manila	Zoom	September 10, 2025	September 10, 2025	0.50
MED-2012-002-2528	Dengue Vaccines: What, When, And How	Conference	College of Medicine, University of the Philippines Manila	Zoom	August 15, 2025	August 15, 2025	0.50
MED-2012-002-2342	Sunlight and Skin: Understanding Photodermatosis and the Power of Sunscreens	Conference	College of Medicine, University of the Philippines Manila	Zoom	August 08, 2025	August 08, 2025	0.50
MED-2012-002-2327	Live in Trouble: Understanding Fatty Liver Disease in Metabolic Syndrome	Conference	College of Medicine, University of the Philippines Manila	Zoom	August 13, 2025	August 13, 2025	0.50
MED-2012-002-2681	Spiritual Integrity in Healthcare: Truth, Goodness, and Dignity	Conference	College of Medicine, University of the Philippines Manila	Zoom	November 28, 2025	November 28, 2025	1.00

SUMMARY

	Presidential Decree 223	Republic Act 8981	Republic Act 10912
Title	Creating the Professional Regulation Commission and Prescribing its Powers and Functions	PRC Modernization Act of 2000	Continuing Professional Development Act of 2016
Number of Sections	10 sections	21 sections	19 sections
Date of Approval	June 22, 1973	*DECEMBER 5, 2000	LAPSED into law on July 21, 2016
President	President Ferdinand E. Marcos, Sr.	President Joseph Ejercito Estrada	President Benigno Aquino III (without signature)



MEDICAL TECHNOLOGY LAWS & BIOETHICS

CLINICAL LABORATORY LAW | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P. & FLORES, J.F.

REPUBLIC ACT 4688

- “An Act Regulating the Operation and Maintenance of Clinical Laboratories and Requiring the Registration of the Same with the DOH, Providing Penalty for the Violation Thereof, and For Other Purposes”
- Approved: **June 18, 1966**
- Have **8 sections**
- Approved by: **President Ferdinand E. Marcos, Sr.**

SECTION 1

CLINICAL LABORATORIES

- Requirements: **Annual Registration** at the office of the Secretary of Health
- **Exempted:** Extensions of government hospital laboratories offering routine or minimum laboratory examinations
 - Do not require a separate LTO

SECTION 2

- **Person In Charge (PIC) of a registered CL:** Licensed physician duly qualified in laboratory medicine
 - LP underwent 3 months of training and may also be a pathologist
 - Authorized by the Secretary of Health
 - Must renew his/her license annually

SECTION 3

- The Secretary of Health, through the **Bureau of Research and Laboratories (BRL)**
 - Enforce the provisions of this Act
 - Issue IRRs needed to carry out the provisions
- BRL is subdivided into two sections:
 - **Regulatory Function**
 - Bureau of Health Facilities and Services (BHFS) → Health Facilities Services Regulatory Bureau (HFSRB)
 - **Technical Function**
 - National Reference Laboratories (NRLs) implement quality assurance

SECTION 4

PENALTIES

- Person, firm, or corporation who violates the provision of this act
 - Imprisonment: 1 month - 1 year

- Fine: Php 1,000 - Php 5,000
- Or both depending on the discretion of the court

OTHER SECTIONS

- Other sections:
 - **Section 5:** Separability Clause
 - **Section 6:** Appropriation Budgets (Php 15,000)
 - **Section 7:** Repealing Clause
 - **Section 8:** Effectivity

ADMINISTRATIVE ORDERS

ADMINISTRATIVE ORDER NO. 201, S. 1973	<ul style="list-style-type: none"> • Revised Rules and Regulations Governing the Registration, Operations, and Maintenance of Clinical Laboratories in the Philippines <ul style="list-style-type: none"> ◦ Employ at least one MT to cover the laboratory ◦ No. of staff depends on the service offered
ADMINISTRATIVE ORDER NO. 59, S. 2001	<ul style="list-style-type: none"> • Rules and Regulations Governing the Establishment, Operation, and Maintenance of Clinical Laboratories in the Philippines
ADMINISTRATIVE ORDER NO. 27, S. 2007	<ul style="list-style-type: none"> • Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines
ADMINISTRATIVE ORDER NO. 37, S. 2021	<ul style="list-style-type: none"> • New Rules and Regulations Governing the Regulation of Clinical Laboratories in the Philippines

AO 201 S. 1973

- “Revised Rules and Regulations Governing the Registration, Operations, and Maintenance of Clinical Laboratories in the Philippines”
 - Prevention of operation of substandard clinical laboratories
- **Significant Provisions**
 - A CL must employ at least **1** medical technologist to cover all laboratory operations
 - No. of staffs depend on the service offered
 - The license of the CL and the license, authorization, and certificate of proficiency of the



MEDICAL TECHNOLOGY LAWS & BIOETHICS

CLINICAL LABORATORY LAW | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P. & FLORES, J.F.

PIC must be placed in a **conspicuous** place within the laboratory

- **Head**
 - Pathologist: **4 adjacent clinical laboratories/blood bank**
 - Or/ Licensed Physician as authorized by DOH-BRL: **1 Clinical Laboratory.**

AO 59 S. 2001

- “Revised Rules and Regulations Governing the Establishment, Operation, and Maintenance of Clinical Laboratories in the Philippines”

SECTION 2

AUTHORITY

- DOH through the BHFS in the Health Regulation Cluster

SECTION 4

- All CLs **EXCEPT** government laboratories doing examinations limited to AFB microscopy, malaria screening and cervical cancer screening, **PROVIDED THAT** extensions of a government licensed clinical laboratory + the scope stated above are the only examinations provided.

TECHNICAL STANDARDS AND MINIMUM REQUIREMENTS

- Headed by a **licensed physician** certified by the Philippine Board of Pathology
- Physician with a **3 month** training on clinical laboratory medicine, QC, Laboratory management, may manage **1 primary/secondary clinical laboratory**

WORKING SPACE FOR CLINICAL LABORATORIES

PRIMARY	<ul style="list-style-type: none"> • 10 sqm
SECONDARY	<ul style="list-style-type: none"> • 20 sqm
TERTIARY	<ul style="list-style-type: none"> • 60 sqm • Include separate room for microbiology and histopathology

EQUIPMENT/INSTRUMENTS

PRIMARY	<ul style="list-style-type: none"> • Clinical Centrifuge • Hemocytometer • Microhematocrit Centrifuge • Microscope • Diff. Blood Counter
SECONDARY	<ul style="list-style-type: none"> • All those in the primary + the ffg: • Refrigerator • Photometer • Water bath • Timer
TERTIARY	<ul style="list-style-type: none"> • All those in secondary + the ffg: • Balance, Trip/Analytical • Rotator • Serofuge • Autoclave • Drying oven • Biosafety cabinet

RECORDING

- Laboratory records must be kept for **1 year**
- Records of **anatomic and forensic pathology** shall be kept **permanently** in the laboratory
- All lab reports shall bear the name and signature of the **RMT + Pathologist**
- No person in the clinical laboratory shall issue a report, orally or, in writing, whole or portions, without a directive from the pathologist or his authorized associate to the requesting physician or his authorized representative **EXCEPT** in emergency cases authorized by the pathologist.

AO 27 S. 2007

- “Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines”
 - Repeals A0 2001-59
 - Advance in technology

GUIDELINES

LTO (NON-HOSPITAL BASED)

- Name of the CL
- Name/s of the owner or operator
- Head of the laboratory
- Service Capability
- Period of Validity (LTO Validity: 1 year)
- License Number



MEDICAL TECHNOLOGY LAWS & BIOETHICS

CLINICAL LABORATORY LAW | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P. & FLORES, J.F.

- Location
 - Non-transferrable
 - Separate licenses are required for different branches

LTO

- Clinical Laboratory and its satellite services within the same compound = **1 LTO**
- The satellite laboratory outside the premises where the central laboratory is situated shall be required to secure a **separate LTO**
- **Renewal of LTO**
- Hospital-Based CL: **One-Stop-Shop Licensure System (OSSLS)**
 - Once the hospital renews, the license of the CL is also renewed
- Hospital-Based CL: **First day of October until the last day of November**
- Automatically **cancelled without notice** when:
 - Fails to submit a duly accomplished application form
 - Fails to pay the proper fee on or before the expiration date stated in its license

AO 37 S. 2021

- “New Rules and Regulations Governing the Regulation of Clinical Laboratories in the Philippines”
 - Align with AO 2020-47
 - Pursuant to RA 11223 (UHC)
 - Latest regarding the maintenance of laboratories and new guidelines

CLINICAL LABORATORY

- Facility that is involved in the pre-analytical, analytical, and post-analytical procedures, where tests done on specimens for the human body
 - Disease treatment
 - Has different sections

DEPARTMENT OF HEALTH

LICENSE TO OPERATE (DOH-LTO)

- Formal authorization issued by the **DOH** to an individual, partnership, corporation, association, or any government agency/unit **seeking to perform laboratory tests** in compliance with the requirements prescribed in this order
- Separate LTO is needed for different branches of a CL
 - Even if they both have the same ownership
 - New LTO is required for transferring ownership and location

PERMIT TO CONSTRUCT (DOH-PTC)

- A permit issued by DOH through **HFSRB** or Center for Health Development-Regulation, Licensing and Enforcement Division (CHD-RLED) to an **applicant who will establish and operate a hospital or other health facility**, upon compliance with required documents prior to the actual construction of the said facility
 - HFSRB is the central unit that sets policies and disseminate it to CHD-RLED per region which functions for regulation and inspection
- Required for the construction of new CL, and for the renovation or expansion of existing CL, including:
 - Change in ownership and transfer of location
 - Increase in the number of beds
 - Additional services beyond their service capability
- PTC is a **prerequisite for LTO**

EQAP	<ul style="list-style-type: none"> • External Quality Assessment Program • A program where participating CL are given unknown samples for analysis, treated as ordinary human samples
NEQAS	<ul style="list-style-type: none"> • National External Quality Assessment Scheme • EQAP activity conducted by the NRLs who send out the samples for analysis

MOBILE CLINICAL LABORATORY (MCL)

- Lab testing unit capable of performing limited CL diagnostic procedures
 - They move one testing site to another
- Allowed to operate at a maximum of **100km radius** from the DOH-licensed CL
 - Limited only to specimen collection, urinalysis, fecalysis, basic serological test (rapid test kits)

SATELLITE CLINICAL LABORATORY (SCL)

- Extension of the main CL located within the facility's compound or premises
 - No separate LTO required as long as the same service capabilities as the main laboratory

PHYSICIAN'S OFFICE LABORATORY (POL)

- Doctor's office/clinic wherein CL examinations are performed for the purpose of monitoring the doctor's patients **ONLY**
- **No official results shall be issues**



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NATIONAL REFERENCE LABORATORY (NRL)

- The highest level of laboratory in the country, performing highly complex procedures, including **confirmatory testing**
- Facilitates **NEQAS** that ensures compliance with the quality standard

CLASSIFICATION OF LABORATORIES

OWNERSHIP

GOVERNMENT	<ul style="list-style-type: none"> • Operated by the government
PRIVATE	<ul style="list-style-type: none"> • Individual corporation/organization

INSTITUTIONAL CHARACTER

INSTITUTION-BASED	<ul style="list-style-type: none"> • Within the premises, part of DOH • Ex. AUFMC
NON-INSTITUTION BASED	<ul style="list-style-type: none"> • Operates independently • Ex. Hi-Precision

FUNCTION

CLINICAL PATHOLOGY	<ul style="list-style-type: none"> • Liquid Specimen • Ex. Body Fluids such as blood, secretions and excretions
ANATOMIC PATHOLOGY	<ul style="list-style-type: none"> • Solid Specimen • Ex. Surgical such as organs, tissue, biopsy
MOLECULAR PATHOLOGY	<ul style="list-style-type: none"> • Genes, Proteins • Ex. PCR, RT-PCR, DNA sequence

SERVICE CAPABILITY

- Clinical laboratory for clinical and anatomical pathology
- Clinical laboratory for Anatomic Pathology Only
- Clinical Laboratory for Molecular Pathology Only

PRIMARY LABORATORY

SECTION	MINIMUM SERVICE CAPABILITIES
Clinical Microscopy	Urinalysis, Fecalalysis, Pregnancy Test (RTK, LF), Wet Smear for Trichomonas
Clinical Chemistry	FBS, RBS, OGTT, Lipid Profile (TC, HDL, LDL, TAGs), Creatinine, BUN, BUA

Hematology	CBC (H&H, RBC ct, WBC ct with Diff ct, PC) Forward and Reverse ABOT typing, Rh Typing (Tube Method)
Immunology Serology	Dengue, Syphilis, Hepa B screening, HIV screening using rapid test kits
Microbiology	TB (DFFM) or NAAT for government facilities

NO. OF STAFF REQUIRED

- 8 (7 + 1 Reliever) without Microbiology
- 9 (8 + 1 Reliever) for Government facilities

SECONDARY LABORATORY

SECTION	MINIMUM SERVICE CAPABILITIES
Clinical Microscopy	Urinalysis, Fecalalysis, Pregnancy Test (RTK, LF), Wet Smear for Trichomonas
Clinical Chemistry	FBS, RBS, OGTT, Lipid Profile (TC, HDL, LDL, TAGs), Creatinine, BUN, BUA + Serum Electrolytes (Na, K, Cl), ALT, AST
Hematology	CBC (H&H, RBC ct, WBC ct with Diff ct, PC) Forward and Reverse ABOT typing, Rh Typing (Tube Method) + For hospital-based, coagulation studies (PT, aPTT)
Immunology Serology	Dengue, Syphilis, Hepa B screening, HIV screening using rapid test kits
Microbiology	TB (DFFM) or NAAT for government facilities + Gram Stain, KOH
Anatomic Pathology	PAP Smear

NO. OF STAFF REQUIRED

- 12 (11 + 1 Reliever)

TERTIARY LABORATORY

SECTION	MINIMUM SERVICE CAPABILITIES
Clinical Microscopy	Urinalysis, Fecalalysis, Pregnancy Test (RTK, LF), Wet Smear for Trichomonas
Clinical Chemistry	FBS, RBS, OGTT, Lipid Profile (TC, HDL, LDL, TAGs), Creatinine, BUN, BUA + Other CC exam, Hospital Based: ABGs



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Hematology	CBC (H&H, RBC ct, WBC ct with Diff ct, PC) Forward and Reverse ABOT typing, Rh Typing (Tube Method) + For hospital-based, coagulation studies (PT, aPTT)
Immunology Serology	Dengue, Syphilis, Hepa B screening, HIV screening using rapid test kits + Any machine-based serological and immunological testing such as, but not limited to tumor markers, thyroid function tests, and hepatitis profile
Microbiology	TB (DFFM) or NAAT for government facilities + Gram Stain, KOH + Culture and Sensitivity
Anatomic Pathology	PAP Smear + For hospital-based: Cytology and Histopathology
NO. OF STAFF REQUIRED	
<ul style="list-style-type: none"> 12 (11 + 1 Reliever) without histopathology 13 (12 + 1 Reliever) for Hospital-Based 	

LIMITED

- Provides one or two specialized tests that are not classified under anatomic or molecular pathology
- Ex. Hormones, tumor markers, trace metals, allergy panel

DOH PROGRAM-RELATED TESTS

- Ex. Kato Katz for schistosomiasis, malarial smear, filarial smear, slit-skin smear, rpr for syphilis

BIOSAFETY LEVELS AND RISK GROUPS

RISK GROUP	AGENT DESCRIPTION	EXAMPLES
1	<ul style="list-style-type: none"> Not associated with diseases in healthy adult humans 	<ul style="list-style-type: none"> B. subtilis, E. coli K-12, Adeno-associated virus
2	<ul style="list-style-type: none"> Associated with human diseases that are rarely serious Preventive or therapeutic inventions are often available 	<ul style="list-style-type: none"> S. aureus, Salmonella spp., Herpes Simplex Virus (HSV), adenovirus
3	<ul style="list-style-type: none"> Associated with serious or lethal human diseases Preventive or therapeutic 	<ul style="list-style-type: none"> M. Tuberculosis, B. anthracis, HIV

	inventions may be available	
4	<ul style="list-style-type: none"> Likely to cause serious or lethal human diseases Preventive or therapeutic interventions are not usually available 	<ul style="list-style-type: none"> Ebola virus, Marburg virus, Lassa virus

GENERAL GUIDELINES

- All CL shall secure DOH-LTO **PRIOR** to its operation and must comply with the minimum regulatory standards and requirements at all times
- The DOH-LTO shall be secured from the **DOH regulatory office: DOH-HFSRB** (Licensing)
- DOH-licensed CL shall **NOT perform** any examinations or testing **beyond its authorized service capability**.
 - Allowed to offer lab services other than the respective stipulated minimum services, such as but not limited to, MCL, SCL, confirmatory testing for G6PD, rHIVda
- CLs that are operated and maintained exclusively for **research and training** purposes shall be required to **register** with the DOH-HFSRB (Renewed every 3 years)
- DOH designated NRL covered by the license of the CL of the hospital
 - If not affiliated, they shall secure a DOH-LTO from HFSRB

VALIDITY

- DOH-LTO: **1 year**
- Research and teaching laboratories (COR): **3 years**

ROLES AND RESPONSIBILITIES

HFSRB AND CHD-RLD

- Enforce the provisions of this order
- Provide consultation and technical assistance to stakeholders in line with the regulation of CL
- Respond promptly to complaints relative to the operation of CL under its jurisdiction

HFSRB

- Set standards for the regulation of CL
- Disseminate regulatory policies, standards, and forms for information and guidelines of the DOH-CHDs



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CHD-RLED

- Submit quarterly report on Suspension/Revocation/ Cease and Desist Order issued on CL **not later than the 15th day** of the following month after the covered quarter
 - Ex. Report from January to March, then the report should be submitted on or before the 15th of the following month of April

CLINICAL LABORATORY

- Comply with the rules and regulations, licensing standards and requirements for CL
- Participate in EQAP
- Submit timely reports and data in times of Pandemic of Public Health Event

NRL

- Confirmatory testing
- Train laboratory personnel and recognize other training institutions
- Maintain the NEQAS
- Perform technical evaluation of reagents and diagnostic kits

DO 393-E,S. 2000

- Designation of NRLs and Transfer of Corresponding Equipment, Instruments, Supplies, Specimens, Records from the BRL to the designated NRL (5 NRLs)

DO 820 S. 2020

- "Institutionalizing and Strengthening the National Reference Laboratories in the Philippines"
- 6 NRLs

RESEARCH INSTITUTE FOR TROPICAL MEDICINE (RITM)

- Antimicrobial resistance, Tuberculosis, Transfusion-transmissible infections (blood bag units and donors)
- Dengue and other Arboviruses,
- Influenza and Other Respiratory Viruses
- Emerging and Re-emerging Bacterial Diseases
- Leptospirosis, Special Pathogens
- Mosquito Vectors of Human Diseases, Malaria and other Parasites, Schistosomiasis, Rabies and other Lyssaviruses, Polio and other Enteroviruses, Measles and other Exanthems, Invasive Bacterial Vaccine Preventable Diseases, Rotavirus and other Enteric viruses, Bacterial Enteric Diseases, Mycology

SAN LAZARO HOSPITAL - SACCL

- HIV/AIDS
- Hepatitis B and Hepatitis C

- Syphilis and other Sexually Transmitted Infections

EAST AVENUE MEDICAL CENTER

- Environmental and Occupational Health
- Toxicology (drug testing)
- Micronutrient Assay, Industrial and Chemical Emergencies (Water Analysis)

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

- Hematology ← anything with HEMA/kidney
- Immunohematology
- Urinalysis
- Anatomic Pathology for Renal Diseases and other unassigned organ systems
- Cellular-Based Product Testing

LUNG CENTER OF THE PHILIPPINES (LCP)

- General clinical chemistry
- Anatomic Pathology for **Pulmonary** and Pleural diseases

PHILIPPINE HEART CENTER (PHC)

- Cardiac Markers
- Anatomic Pathology of Cardiac Diseases

LICENSING STANDARDS FOR CLINICAL LABORATORY

PERSONNEL

- **HEAD OF THE LABORATORY**
 - **PATHOLOGIST** certified by and APO/AIPO of the PRC
 - shall ensure optimal overall operations and maintenance of the CL, and if applicable, its MCL and SCL
 - Must visit **once a month** and at least **twice a week** of supervisory calls and/or videoconferencing OR at least **once a week physical visit**
 - Hospital-based DOH licensed CL - **once a week physical visit**
- **REGISTERED MEDICAL TECHNOLOGISTS**
 - Number of staff shall depend on the workload and services being provided
 - There shall be a designated Biosafety and Biosecurity Officer in-charge primarily
 - Risk assessment of the DOH-licensed CL
- **SUPPORT STAFF**
 - MLTs, laboratory aides, encoders, and receptionists, when applicable
- **POCT COORDINATOR**
- **MCL Personnel** - own set of personnel



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QUALITY IMPROVEMENT

- **INTERNAL QUALITY ASSURANCE PROGRAM**
 - Internal QC program for technical procedures
 - Internal QA program for inputs, processes, and outputs
 - CQI Program covering all aspects of laboratory performance
- **EXTERNAL QUALITY ASSESSMENT PROGRAM**
 - Administered by a designated NRL or other local and international EQAP approved by the DOH

INFORMATION MANAGEMENT

- **LABORATORY REPORTS**
 - Name, PRC registration number, and signatures of RMT and the pathologist
- **USE OF DIGITAL SIGNATURES**
 - Permitted only if properly authenticated by the DICT-PNPKI and shall be in accordance with the provisions of the **E-commerce Law or RA 8792**

ENVIRONMENTAL MANAGEMENT

- **LABORATORY REPORTS**
 - Procedures for proper disposal of infectious wastes and toxic hazardous substances in accordance with **RA 6969** or the Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990
 - Policy of Biosafety and Biosecurity
 - Policy guidelines on IPC

VIOLATIONS, SANCTIONS, AND APPEAL

NON-INSTITUTION BASED CLINICAL LABORATORY

- 1st offense: Stern warning
- 2nd offense: Php 30,000.00
- 3rd offense: Php 50,000.00
- 4th offense: Revocation of DOH-LTO

INSTITUTION-BASED CLINICAL LABORATORY

- Violations and sanctions under the OSSLS for Hospitals, as stipulated in AO 2007-0022
- CL without DOH-PTC, and DOH-LTO: **Cease-and-Desist Order + Php 50,000.00**
- **60-day preventive suspension** may be imposed, following a complaint filed against a CL, during an investigation
- CL with revoked licenses can only reapply after **1 year** from the date of LTO revocation

PROHIBITED ACTS IN THE OPERATIONS OF CLINICAL LABORATORIES

A CL MAY BE SANCTIONED/PENALIZED UPON COMMISSION OF THE FOLLOWING PROHIBITED ACTS AND VIOLATIONS

1	Refusal to allow HFSRB/CHD-RLED to conduct inspection or monitoring visits of the CL
2	Refusal or nonparticipant of any CL in EQAP by a designated NRL or other local international EQAP approved by the DOH
3	Absence of action to improve the unsatisfactory or failed EQAP
4	Demonstrating incompetence or making consistent errors in the performance of CL examinations
5	Deviation from the standard test procedures including use of expired reagents
6	Issuance of a laboratory report without the approval of the head of the laboratory
7	Transferring of results done by another laboratory to the result from of the referring laboratory
8	Performing laboratory procedures beyond their authorized service capability
9	Giving and receiving any commission, bonus, kickback or rebate or engaging in any split-fee arrangement in any form either directly or indirectly, for patients referred to a CL
10	Violation of provisions in the RA 10173 or the Data Privacy Act of 2012

THE DOH-LTO WILL BE REVOKED IMMEDIATELY AFTER THE COMMISSION OF THE FOLLOWING:

1.)	Permitting unauthorized personnel to perform technical procedures and access to records/data
2.)	Lending or using the name of the DOH-licensed CL or the head of the laboratory or medical technologist to an unlicensed CL
3.)	Unauthorized use of the name and signature of the pathologist and RMT to secure LTO



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4.)	Issuance of fraudulent laboratory results, or tests not actually done or inaccurate results
5.)	Change in the ownership, location, and head of the laboratory or laborator
6.)	Any material false statement in the application of LTO

DOH ADMINISTRATIVE ORDERS

DOH ADMINISTRATIVE ORDER	DATE OF APPROVAL	DOH SECRETARY
AO no. 201, s. 1973	October 26, 1973	Clemente Gatmaltan
AO no. 59, s. 2001	November 19, 2001	Manuel Dayrit
AO no. 27, s. 2007	August 22, 2007	Francisco Dueque III
DOH Administration Order No. 37 s. 2021	June 11, 2021	Francisco Dueque III

SUMMARY

Law	Title
Republic Act 4688 Approved: June 18, 1946 President: Ferdinand E. Marcos Sr.	An Act Regulating the Operation and Maintenance of Clinical Laboratories and Requiring the Registration of the same with the Department of Health, Providing Penalty for the Violation Thereof, and for Other Purposes
Administrative Order No. 201, s. 1973 Approved: October 26, 1973 Secretary of Health: Clemente S. Gatmaltan	Revised Rules and Regulations Governing the Registration, Operations and Maintenance of Clinical Laboratories in the Philippines
Administrative Order no. 59, s. 2001 Approved: November 19, 2001 Secretary of Health: Manuel M. Dayrit	Rules and Regulations Governing the Establishment, Operation and Maintenance of Clinical Laboratories in the Philippines
Administrative Order No. 27, s. 2007 Approved: August 22, 2007 Secretary of Health: Francisco T. Dueque III	Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines
Administrative Order No. 37, s. 2021 Approved: June 11, 2021 Secretary of Health: Francisco T. Dueque III	New Rules and Regulations Governing the Regulation of Clinical Laboratories in the Philippines
Department Order 393-E-1, 2000	Designation of NRLs and Transfer of Corresponding Equipment, Instruments, Supplies, Specimens, Records from the BRL to the designated NRL
Department Order No. 820 s. 2020	"Institutionalizing and Strengthening the National Reference Laboratories in the Philippines"
Republic Act 8792 <small>*from PPT: RA 8729, kindly change it to RA 8792, thanks :)</small>	Electronic Commerce Act of 2000
Republic Act 6969	Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990



MEDICAL TECHNOLOGY LAWS & BIOETHICS

BLOOD BANKING LAW | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

RA 7719

- “An Act Promoting Voluntary Blood Donation, Providing for an Adequate Supply of Safe Blood, Regulating Blood Banks, and Providing Penalties for Violation Thereof”

SECTION 1: TITLE

- National Blood Services Act of 1994
 - May 5, 1994
 - Fidel V. Ramos

SECTION 2: DECLARATION OF POLICY

- Promote voluntary blood donation
- De-commercialize blood
- Provide for adequate, safe, affordable, and equitable distribution of the supply of blood and blood products
 - **Blood Services Network:** ensure efficient distribution of blood

SECTION 3: DEFINITION OF TERMS

BLOOD BANK/CENTER

- A laboratory or institution with the capability to **recruit and screen** blood donors, collect, process, store, transport, and issue blood for transfusion, and provide information and/or education on blood TTIs
 - Hepatitis B and C
 - HIV
 - Syphilis
 - Malaria

VOLUNTARY BLOOD DONOR

- One who donates blood of one’s own volition or initiative and **without** monetary compensation

WALKING BLOOD DONOR

- An individual included in the list of qualified voluntary blood donors, who is ready to donate blood when needed in his/her community
 - Sometimes they have rare blood types, having only **3** months interval when donating

SECTION 4: PROMOTION OF VOLUNTARY BLOOD DONATION

- Ensure adequate and safe blood supply
 - Through public campaigns, schools, professional education, blood services network

- Promote voluntary, non-remunerated blood donation
- Multi-sectorial participation led by the DOH

PUBLIC EDUCATION CAMPAIGN

- Nationwide public education led by DOH, PNRC, and PBCC
 - Department of Health
 - Philippine National Red Cross
 - Philippine Blood Coordinating Council
- Participation of LGUs, NGOs, hospitals, media, and other sectors
- Non-monetary incentives for voluntary donors

SCHOOLS

- Integrated into health subjects, non-formal education
 - Seminar
 - Voluntary donation from the elementary to collegiate level

PROFESSIONAL EDUCATION

- Continuing professional education/training for health professionals (DOH, PBCC, PSHBT, PMA, PAMET, PNA)
 - Philippine Society of Hematology and Blood Transfusion
 - Philippine Medical Association
- Focus on the rational use of blood and blood products

ESTABLISHMENT OF BLOOD SERVICES NETWORK

- BCs in every province and city nationwide
- National Blood Transfusion Service Network
- **DOH:** Provide training programs and technical assistance

WALKING BLOOD DONORS

- Areas with adequate blood banking facilities
- List of qualified voluntary blood donors with their specified blood typing

SECTION 5: NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM

- Program implemented by the DOH, PNRC, PBCC, and other government agencies and NGOs
- **Goal:** To meet the needs for blood transfusion in all regions of the country
- Funding:
 - **PCSO:** PHP 25, 000, 000
 - **PAGCOR:** PHP 25, 000, 000
 - **Duty Free Shop:** PHP 20, 000, 000
 - Contributions of other agencies



MEDICAL TECHNOLOGY LAWS & BIOETHICS

BLOOD BANKING LAW | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

SECTION 6: UPGRADING OF SERVICES AND FACILITIES

- Education and counselling on TTIs
- **5** TTIs tested in the pH
 - HIV
 - Hepatitis B
 - Hepatitis C
 - Malaria
 - Syphilis
- Establish voluntary blood donation programs
- Establish guidelines for the rational use of blood and blood products

SECTION 7: PHASE-OUT OF COMMERCIAL BLOOD BANKS

- All commercial blood banks shall be phased-out over a period of **two (2) years** after the effectivity of this Act, extendable to a maximum period of two years by the secretary

SECTION 8: NON-PROFIT OPERATION

- All BCs and BBs shall operate on a non-profit basis
- Fees prescribed by the DOH
 - **Cover:** Expenses entailed in the collection and processing of blood (Equipment, Storage, and Labor)
 - Blood shall be collected from healthy voluntary donors only

SECTION 9: REGULATION OF BLOOD SERVICES

- LTO secured from the **DOH**
 - Validity: **3 years**
 - Hospital-Based: OSSLC
- **Exception:** Emergencies
- Who manages a blood bank/center?
 - **Qualified physician** authorized by the DOH

SECTION 10: IMPORTATION OF BLOOD BANK EQUIPMENT, BLOOD BAGS, AND REAGENTS

- Tax and duty-free

SECTION 11: RULES AND REGULATIONS

SECTION 12: PENALTIES

- Collect charges and fees **greater** than the maximum prescribed by the DOH: LTO suspension or revocation
 - Imprisonment: **1 month to 6 months**
 - Fine: **PHP 5, 000 - PHP 50, 000; or both**
- Operating **without LTO**
 - Imprisonment: **12 years and 1 day to 20 years**
 - Fine: **PHP 50, 000 - PHP 500, 000; or both**
- Dispensing, transfusing, and failing to dispose of, **within 48 hours (2 days)**, blood that has been proven contaminated with TTIs
 - Imprisonment: **10 years**

SECTION 13: SEPARABILITY CLAUSE

SECTION 14: REPEALING CLAUSE

- Sepersedes **RA 1517** or the Blood Bank Act of 1956

SECTION 15: EFFECTIVITY CLAUSE

- **15 days** following its publication in the official gazette or in two newspapers of general circulation
- Approved: **May 5, 1994**
- Have **15 Sections**
- Present **Fidel V. Ramos**



MEDICAL TECHNOLOGY LAWS & BIOETHICS

BLOOD BANKING REINFORCEMENT | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

AO NO. 2008-0008

- Implements **RA 7719** (National Blood Services Act of 1994)
- **May 2, 2008**
- DOH Secretary: **Francisco Duque III**
- Separates regulatory functions from programming functions to better achieve national voluntary blood service goals
- Ensure quality and affordable health products and services, particularly for the poor

OBJECTIVE AND SCOPE

- To **protect and promote public health** by ensuring licensed BSFs have adequate staff, equipment, and resources.
- All **government and private** blood service facilities are involved in banking and transfusion.
- The state must provide **safe and adequate blood** through an efficient network.
 - **Blood Services Network:** Ensure efficient distribution of blood

DEFINITION OF TERMS

BLOOD STATION	<ul style="list-style-type: none"> • Provides whole blood/packed red cells and storage
BLOOD COLLECTION UNIT	<ul style="list-style-type: none"> • Handles recruitment, screening, and collection from donor
BLOOD BANK	<ul style="list-style-type: none"> • A hospital-based unit that handles storage, issuance, and compatibility testing
BLOOD CENTER	<ul style="list-style-type: none"> • A consolidated facility for testing (TTIs), processing, and distribution

END-USER HOSPITAL HEALTH FACILITY

- Hospital with a licensed CL capable of red cell typing and cross-matching and which does not have any blood service facility but only receives blood and blood components for blood transfusion
 - They are the one who perform blood transfusion, ensuring correct and compatible to the recipient (final point of use of blood transfusion).

END-USER NON-HOSPITAL HEALTH FACILITY

- Licensed/accredited non-hospital health facility without a licensed clinical laboratory but administers blood transfusion

- Do not have blood services but can administer blood transfusion
- No testing of TTIs since it is the blood center's responsibility, ensuring that the blood is free from pathogens and contaminations

GENERAL GUIDELINES

- Every BSF must be **part of a Blood Services Network**.
- Blood must only be collected from **voluntary, non-remunerated (unpaid) donors**.
- Testing for Transfusion-Transmitted Infections (TTIs) must use DOH-prescribed methods and is done at designated Blood Centers.
- End-user hospitals must not retest blood issued by authorized Blood Centers.

SERVICE CAPABILITIES

- Blood Bank (BB) and Blood Center (BC) Functions
 - **BB Services:** Compatibility testing, Direct Coombs Test, and investigation of transfusion reactions .
 - **BC Services:** Recruitment, collection, TTI testing, and processing blood components .
 - **Common Goal:** Both must advocate for voluntary blood donation and a healthy lifestyle.

CLASSIFICATION OF BLOOD SERVICE FACILITIES

OWNERSHIP

GOVERNMENT	<ul style="list-style-type: none"> • Established or maintained by the national government or any local government unit
PRIVATE	<ul style="list-style-type: none"> • Attached to private hospital-based

INSTITUTIONAL CHARACTER

HOSPITAL-BASED	<ul style="list-style-type: none"> • Government or the Philippine National Red Cross
NON-HOSPITAL BASED	<ul style="list-style-type: none"> • Operate outside hospital premises, are primarily designated as Blood Centers (BC) or Blood Collection Units (BCU)

SERVICE CAPABILITY

BLOOD STATION	<ul style="list-style-type: none"> • Provides whole blood/packed red cells and storage
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MEDICAL TECHNOLOGY LAWS & BIOETHICS

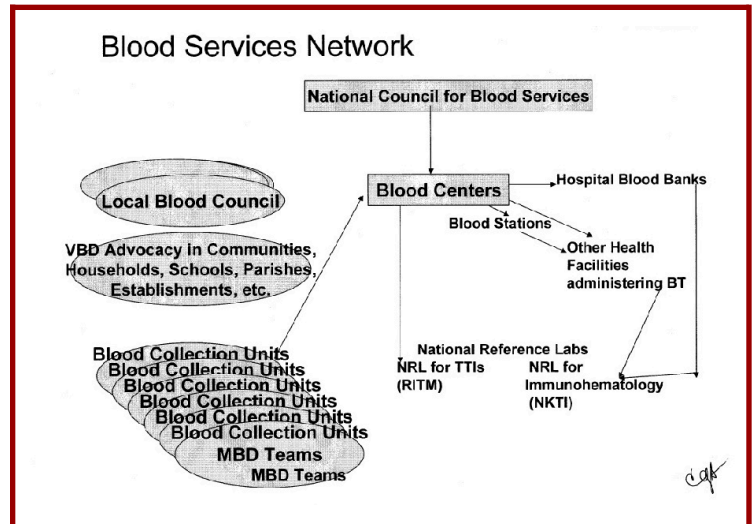
BLOOD BANKING REINFORCEMENT | BSMT 1 - A | 2025 - 2026 | PREPARED BY: SOTTO, J.P.

	<ul style="list-style-type: none"> Storage, issuance, transport, and distribution of whole blood and packed red cells Compatibility testing of red cell units (hospital-based) <ul style="list-style-type: none"> No collection of blood Performs cross-matching
BLOOD COLLECTION UNIT	<ul style="list-style-type: none"> Recruitment, retention and care of donors Screening and collection of donors Conduct of health education and counselling services Collection of blood from donors <ul style="list-style-type: none"> No storing of blood and will transported to BC Transport of blood to blood center for testing and processing Compatibility testing of red cell units <ul style="list-style-type: none"> Acquire blood from the donor then it will be transferred to the BC
BLOOD BANK	<ul style="list-style-type: none"> Storage and issuance of whole blood (WB) and blood components obtained from a BC <ul style="list-style-type: none"> Blood collection may occur once the hospital is level 3 and 4 Compatibility testing of red cell units Direct Coomb's Test <ul style="list-style-type: none"> "Direct Anti-Globulin Test" Detect the presence of antibodies attached to the RBCs of the patient Red cell antibody screening Investigation of transfusion reactions Assist the HBTC in the conduct of post-transfusion surveillance (Hemovigilance) <ul style="list-style-type: none"> Set of surveillances activity, covering the entire process of the blood bank itself (donor to transfusion)
BLOOD CENTER	<ul style="list-style-type: none"> Recruitment, retention, and care of donors Conduct health education and counseling Collection of blood from donors

	<ul style="list-style-type: none"> Processing and provision of blood components Storage and issuance, transport and distribution of units of whole blood and/or blood products Testing of units of blood for TTIs
AO 2008-0008A	<ul style="list-style-type: none"> Hospital blood banks of level 3 and 4 Private and government hospitals may continue blood collection from volunteer blood donors, blood testing, and component processing
COMMON TO ALL BLOOD SERVICE FACILITIES	<ul style="list-style-type: none"> Advocacy and promotion of voluntary blood donation and a healthy lifestyle

IMPORTANT NOTE !

Blood Centers have **responsibility, authority, and supervision** over BCU and BS within their blood service network



IMPORTANT NOTE !

Responsible NRLs are **RITM** (For infected blood bags) and **NKTI** (For immunohematology)

LICENSING AND REQUIREMENTS

- LTO/ATO:** Facilities need a License to Operate (LTO) or Authority to Operate (ATO).
- One-Stop-Shop:** Hospital-based BSFs are licensed through the hospital's overall licensure, not separately.



MEDICAL TECHNOLOGY LAWS & BIOETHICS

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- Key Requirements:
 - Valid PRC cards for personnel.
 - Equipment list with serial numbers.
 - Participation in External Quality Assessment Scheme (EQAS)
 - RITM (TTIs)
 - NKTi (Immunohematology)
 - Change of location, ownership, and management, separate LTO is required and must be notified by **15 days** to the CHD

- that the donation will not be injurious (hemoglobin level) to the donor, and;
- that the donated blood will not be unnecessarily hazardous (test for TTIs) to the recipient.

VIOLATIONS AND PENALTIES

- Major Violations:
 - False statements in applications.
 - Collecting blood from paid donors.
 - Overcharging for blood service fees.
- Severe Penalties:
 - **Operating without a license:** 12–20 years imprisonment or heavy fines.
 - **Imprisonment:** 12 years and 1 day to 20 years
 - **Fine:** PHP 50, 000 - PHP 500, 000; or both
 - **Transfusing contaminated blood:** 10 years imprisonment
 - Imprisonment: **10 years**
 - Disposal must be done within **48 hours**

VALIDITY AND MONITORING

- **Validity:** LTO/ATO is generally valid for **3 years** (1 year for hospital-based BSFs)
- **Monitoring:** The BHFS/CHD can conduct on-site visits at any time.
- **Appeals:** Decisions by the CHD Director can be appealed to the Office of the Secretary within **30 days**.

BLOODBANK PROCESS

- **Donor Screening**
 - Acceptance
 - Temporary deferral
 - Indefinite deferral
 - Permanent deferral
- **Blood Donation**
 - Above 50kg can donate blood
 - Antecubital fossa must be free from contamination when collecting blood (may cause sepsis if the blood bag is contaminated)
- **Blood Testing, Safety, and Insurance**
 - HIV, Hepatitis B and C and Syphilis.
 - The donated blood should also be tested for ABO and RhD
- A **person's suitability** to donate blood depends on two general considerations:

DEFINITION OF TERMS	
DEFERRAL	<ul style="list-style-type: none"> ● Process of classifying a donor as unqualified either temporarily or permanently for blood donation due to conditions/standards not met by the selection criteria ● Temporary Deferral <ul style="list-style-type: none"> ○ Common and often last for a specific timeframe (usually after 3 months) ○ Ex. Cigarette Use or Sleep Deprived ● Indefinite Deferral <ul style="list-style-type: none"> ○ Deferred for an unknown period, or until specific testing criteria are met or guidelines change. ● Permanent Deferral <ul style="list-style-type: none"> ○ Never be able to donate blood, typically due to a confirmed, chronic condition ○ Ex. Positive for Hepatitis C or Tegison (severe psoriasis)
DONOR SELECTION CRITERIA	<ul style="list-style-type: none"> ● Set of requirements and conditions an individual should fulfill to be eligible for blood donation <ul style="list-style-type: none"> ○ Age (18-60), Weight (50-110), generally healthy ○ Positive for TTIs <ul style="list-style-type: none"> ■ Malaria (Deferred 3 years) ■ Hepatitis B & C (Permanent Deferral) ■ HIV (Indefinite Deferral) ■ Syphilis (Indefinite)



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VOLUNTARY/NON-REMUNERATED DONORS

- Individuals of sound mind and freewill donating their blood without any material consideration

SOME DEFERRAL PERIODS

Timing of Blood Donation When Donor Received Vaccine

Vaccine	Timing Donation
I. Live attenuated vaccine	
AH1N1 Influenza	1 month after vaccination
Bacillus Calmettes - Gueria (BCG) for Tuberculosis	1 month after vaccination
Chicken pox (Varicella Zoster)	1 month after vaccination
Measles	1 month after vaccination
Mumps	1 month after vaccination
Polio (oral, Sabin)	1 month after last dose
Rabies (no exposure, for prophylaxis)	1 month after last dose
Rabies (post animal bite)	12 months after last dose
Typhoid (oral)	1 month after vaccination
Yellow fever	1 month after vaccination
Vaccinia (small pox)	1 month after vaccination
Apheresis	Deferral for 72 hours from last dose
• platelet	
• double red cell	72 hours
• single red cell	16 weeks from last apheresis provided height, weight and Hgb (>145g/L) criteria are met
• single red cell + platelets	12 weeks
• plasma	12 weeks
Appendectomy	4 weeks

PERMANENT DEFERRAL

- Hemophiliacs or Anemics
- Received human-derived growth hormone, tissue transplant, or bovine insulin
- High risk history for AIDS
- Serious health conditions: Cancer, Heart, Lung, Liver, or Kidney Disease
- Confirmed Hepatitis B or C case
- Those who have taken the drug etretinate (Tegison)

DONOR SELECTION CRITERIA

HEMOGLOBIN/HEMATOCRIT

- 12.5 grams per 100ml for **female/38%**
- 13.5 grams per 100ml for **male/38%**

PULSE

- DOH:** 60 and 120 BPM
 - Systolic** = 90-160 (not exceed 160)
 - Diastolic** = 60 - 100 (must be less than 100)
- AABB:** 50 TO 100 BPM

BLOOD PRESSURE

- Systolic** = 90-160 (not exceed 160)
- Diastolic** = 60 - 100 (must be less than 100)
- Normal:** 120/80

WEIGHT

- Must not be below **50kg** or **110** pounds

AGE

- 18 to 60** years old
- 16 and 17** years old are allowed to donate unless they are permitted by their parents
- 65** years old are also allowed if they are permitted by their **physician**

TEMPERATURE

- Not greater than **37.5** degrees or **99.5** degrees fahrenheit

2 TYPES OF BLOOD DONATION

ALLOGENEIC

- Donor gives blood for use by another
- Female:** 12.5 grams (Hgb) per 100ml for/38% (Hct)
- Male:** 13.5 grams (Hgb) per 100ml for/38% (Hct)

AUTOLOGOUS

- Donating your own blood
- Hgb: 11.0g/dl
- Hct: >33%

REASONS FOR DEFERRAL

- Underweight
- Low hemoglobin
- Hypotension or hypertension
- ROH intake **<12 hours prior to donation**
- Cough/colds/any form of infection
- Ear piercings/ tattoo/ body piercings
 - (Deferral: 1 year)
- Abnormal pulse rates
 - (Low pulse rate unless the person is athlete)
- Recent vaccinations with live attenuated vaccines
- Under quarantine (recent travel abroad)
- Drug and substance abuse
- History of sexually transmitted infections
- Paid donors

BLOOD DONATION

- Whole Blood: **every 3 months**
- Plateletpheresis:** Every **2** days not exceeding 2 times a week
- Autologous Blood** (no age requirement)
 - Whole Blood** every **3 days**
 - Up to **3 days** prior to surgery
 - Hct > **33%**



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COMPATIBILITY TESTING

- Donor's RBCs are tested with **recipient's serum**
- Used to detect **unexpected** recipient antibodies
- This checks if the transfusion is compatible

2 TYPES OF CROSSMATCHING

MINOR	<ul style="list-style-type: none"> • MIREDS • Recipient RBCs, Donor Serum
MAJOR	<ul style="list-style-type: none"> • MADERS • Donor RBCs, Recipient Serum

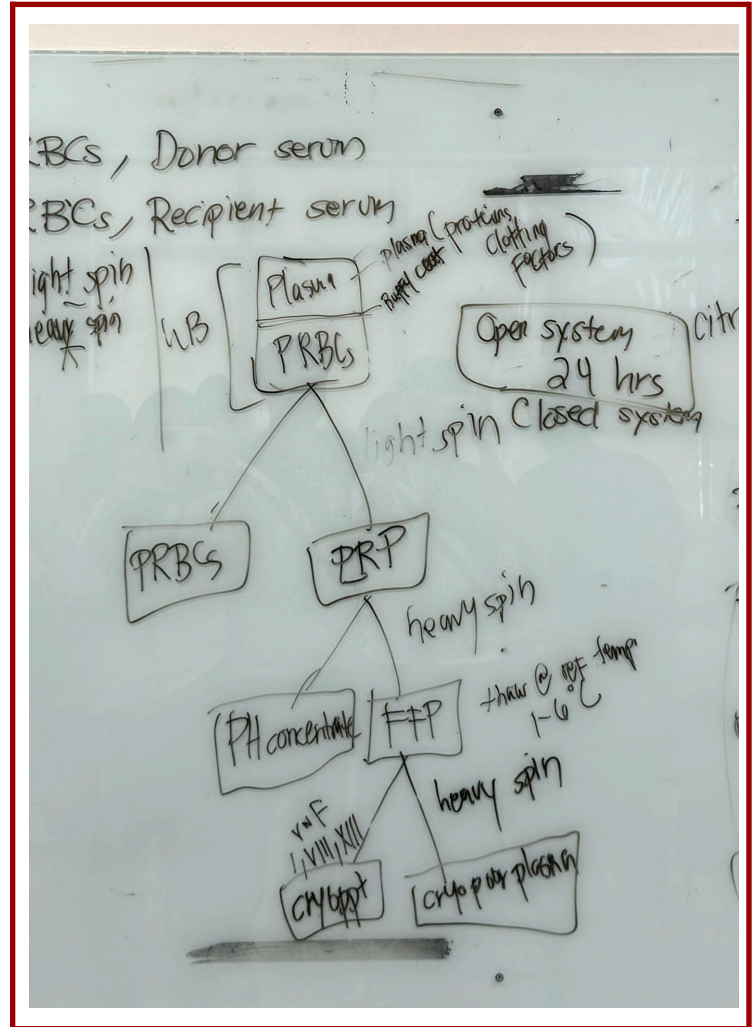
BLOOD USE ON EMERGENCY CASES

- Blood used on emergency basis for a patient that is bleeding out and the blood type is unknown
 - **Group O**
 - **Rh negative**
 - **Uncrossmatched**

Antigen of RBC surface	Percent Abs
A	Anti-B
B	Anti-A
AB	Anti-A, B
O	Anti-A, B

Recipient: Type A
Transfused: Type B

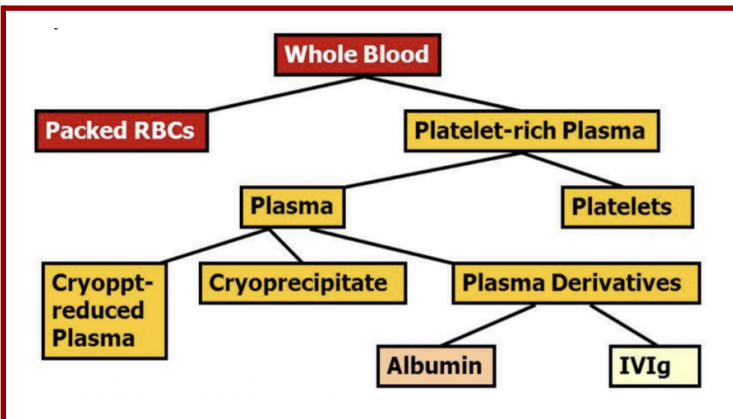
Compatibility: Incompatible



IMPORTANT NOTE !

Albumin is the most abundant circulatory protein found in the plasma; **Intravenous Immunoglobulin** is used for artificial immunity

BLOOD PRODUCTS



WHOLE BLOOD

- 450 ml of WB with 63 ml of anticoagulant
 - **CPDA-1**: Citrate phosphate dextrose adenine (extend the blood's shelf life for 35 days)
 - **CPD-2, ACD, CPD**: Citrate phosphate dextrose (extend the blood's shelf life for 21 days)
- **Indication**: replace loss of both RBC mass and plasma volume
- **1 unit WB = Inc. HCT 3% & HGB 1g/dL**
 - Refrigerator Storage: **1 to 6 degrees C**

PACKED RED BLOOD CELLS (PRBCS)

- 200-250 ml of RBCs and 50 ml of plasma
- **HCT**: 55-70% depending on anticoagulant
- **Indication**: patients requiring increased RBC mass and improve oxygen-carrying (hemoglobin) capacity
- **1 unit RBCs = Inc. hct 3% & hgb 1g/dL**



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- Refrigerator Storage: 1 to 6 degrees C

IRRADIATED WBCS/RBCS

- **Indication:** for immunocompromised individuals
- **Purpose:** inhibits T cell proliferation, prevent TA-GVHD
- **Storage:** 1 to 6 degrees C
- **Shelf-life:** 28 days from the time of irradiation or the original expiry date, which ever comes first

TRANSPLANT REJECTION	<ul style="list-style-type: none"> ● Occurs when the immune system of the transplant recipient rejects the transplanted tissue (graft) ● Recipient's immune system attacks graft
GRAFT-VS-HOST DISEASE (GVHD)	<ul style="list-style-type: none"> ● A systemic disorder occurring when immune cells from transplanted tissue recognize the recipient's body as foreign and attack its cells. ● Graft attacks immunocompromised recipient ● Cell: T-Cells or Lymphocytes ● Prevention: Gamma Irradiation <ul style="list-style-type: none"> ○ Cesium-137/Cobalt-60 ○ 25 gray at the center ○ 15 gray for the other parts ○ 1 gray = 100 rad

WASHED RBCS

- **Indication:** prevent anaphylactic (IgA Deficiency) reactions
- **Storage:** 1 to 6 degrees C
- **Shelf-life:** 24 hours
- **Effects of washing:**
 - Free from leukocytes and platelets
 - Reduced plasma proteins

OPEN SYSTEM	<ul style="list-style-type: none"> ● Transfused the day of donation, resulting in a 24 hours expiry date
--------------------	---

LEUKOCYTE REDUCED RBCS

- Leukopoor RBCs
- **WBC count:** 5×10^6
- **RBC retention:** 85%
- **Indication:** Prevents Febrile non-hemolytic transfusion reaction (FNHTR)
 - Presence of anti-leukocyte and cytokines produced by WBCs, inducing fever
- Reduces immunosuppression of recipient by donor WBC
 - **Methods:** filtration and centrifugation
- **Storage:** 1 to 6 degrees C

FROZEN RBCS

- **Indications:**
 - rare blood types
 - autologous blood for a
 - postponed operation
- **Storage:** -65 degrees C for 10 years
- **Glycerol** is a cryopreservative solution to prevent cell lysis

PLATELET CONCENTRATE

- **Indication:** actively bleeding patients and cancer patients w/ thrombocytopenia
- Donated by a single donor
- 3.0×10^{11} platelets plus 300 ml of plasma
- **Raises** the platelet count
- **Storage:** 20 to 24 degrees C with constant agitation

ACTIVITY TIME!

T	<ul style="list-style-type: none"> ● PRBCs are for patients requiring inc. RBC mass and improve oxygen-carrying capacity.
F	<ul style="list-style-type: none"> ● Leuko-reduced RBCs are for rare blood types (Frozen RBCs)
F	<ul style="list-style-type: none"> ● Storage life of whole blood is 3-5 Deg C. (1 to 6 degree C)
T	<ul style="list-style-type: none"> ● TA-GVHD patients need Irradiated WBCs or RBCs
F	<ul style="list-style-type: none"> ● 1 unit Whole Blood = Increase 1g/dL Hct and 3% Hgb (3% Hct and 1g/dl Hgb)
T	<ul style="list-style-type: none"> ● The methods for Leukoreduction are Centrifugation & filtration
F	<ul style="list-style-type: none"> ● Type "O" Positive, Uncrossmatched RBCs are used for Emergences (Type O-RH negative)
F	<ul style="list-style-type: none"> ● Cryoprecipitate are obtained through apheresis (Fresh Frozen Plasma)
T	<ul style="list-style-type: none"> ● A blood donor w/ lack of sleep is not allowed to donate blood
F	<ul style="list-style-type: none"> ● Republic Act 7729 aka as NVBSP (RA 7719)
T	<ul style="list-style-type: none"> ● The required pulse for blood donation is 60 and 120 bpm



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- F**
- AABB stands for Association for the Accreditation of Blood & Biotherapies (**Association for the Advancement of Blood & Biotherapies**)

- 30 minutes is needed for thawing and pooling
 - Once thawed, **6 hours** of shelf-life nalang
- Cold-precipitation concentrate of **factor VIII**
- Contents:
 - 80 units of AHF
 - 150 mg of fibrinogen
 - Factor XIII
 - vWF
 - Fibronectin
- Cryoprecipitate can be used for the **replacement** of all of the following:
 - vWF - vWD
 - Factor VIII - Hemophilia A
 - Factor XIII - Factor XIII deficiency
 - Fibrinogen - decreased fibrinogen
 - head injury, massive bleed, trauma,

	RANDOM DONOR PLATELETS	SINGLE DONOR PLATELETS	POOLED PLATELETS
PREPARATION	Prepared from WB	Apheresis	Prepared from RD platelets
SHELF-LIFE	5 days	5 days	4 hours
PLATELET CONTENT	5.5×10^{10}	$>3 \times 10^{11}$	$>3 \times 10^{11}$
PLASMA VOLUME	40 to 70 ml	300 ml	Varies
INDICATION	Actively bleeding patient	Patients unresponsive to RD platelets	Actively Bleeding patient

GRANULOCYTE CONCENTRATE

- Indication for use:**
 - Neutrophil (Abundant)count: **<500/uL**
 - Septicemia unresponsive to **antibiotics**
 - Storage: **22 to 24 degrees C**
 - Shelf-life: **24 hours**

FRESH FROZEN PLASMA (FFP)

- 200-250 ml of plasma frozen at -18C within 8 hours of collection
- No platelets** are present
- Contains **all coagulation** factors (1-13)
- Used in patients with **multiple coagulation factor deficiencies:**
 - Liver disease (2, 7, 9, and 10)
 - Disseminated intravascular coagulation (DIC) a serious disorder in which the proteins that control blood clotting become overactive
 - Not used if non bleeding or for volume replacement
 - Volume Replacement: **Whole Blood**

CRYOPRECIPITATE (CRYO)

- A white precipitate that forms when **FFP** at **-18C** is **thawed** to 4C and stored for **1 year**
- Volume: **10 to 15 ml**

SUMMARY

	STORAGE	SHELF-LIFE	INDICATION FOR USE
WHOLE BLOOD	1 to 6 degrees C	Varies	Volume expansion inc. 02
PACKED RBCS	1 to 6 degrees C	Varies	Inc. 02
IRRADIATED RBCS	1 to 6 degrees C	Original Expiry or 28 days	Inc. 02, prevent TAG-VHD
LEUKOPOOR RBC	1 to 6 degrees C	Varies	Inc. 02, prevent febrile reactions
FROZEN RBC	-65 degrees C	10 years	Inc. 02, rare phenotypes
WASHED RBCS	1 to 6 degrees C	24 hours	Inc. 02, prevent anaphylaxis

TRANSFUSION REACTIONS

- IMMEDIATE (24HRS)**
- Immunologic**
 - Immediate Hemolytic Transfusion Reaction (IHTR) & Acute Hemolytic Transfusion Reaction (AHTR)
 - Febrile Non-Hemolytic Transfusion Reaction (FNHTR)
 - Allergic or urticarial



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	<ul style="list-style-type: none"> ○ Anaphylactic ○ Transfusion-Related Acute Lung Injury (TRALI) ● Non-immunologic <ul style="list-style-type: none"> ○ Bacterial contamination ○ Transfusion-Associated Circulatory Overload (TACO) ○ Physical or chemical hemolysis
DELAYED	<ul style="list-style-type: none"> ● Immunologic <ul style="list-style-type: none"> ○ Hemolytic Transfusion Reaction (HTR) ○ Transfusion-Associated Graft-Versus-Host Disease (TA-GVHD)
POST-TRANSFUSION PURPURA	<ul style="list-style-type: none"> ● Non-immunologic <ul style="list-style-type: none"> ○ Hemosiderosis ○ Disease transmission

	recipients are previously exposed to IgA
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TRANSFUSION RELATED ACUTE LEUKOCYTE LUNG INJURY (TRALI)

- TRALI reaction (1:10,000)
- Donor plasma contains **WBC antibodies** that when transfused to the recipient cause **agglutination** of recipient's WBCs in the pulmonary capillary beds

IMMEDIATE NON-IMMUNOLOGIC

TRANSFUSION ASSOCIATED CIRCULATORY OVERLOAD (TACO)

- **Rapid infusion** of large volumes of blood products
- Develops acute shortness of breath, heart failure, edema (1: 10,000)
- Systolic BP increases **50 mmHg**
- Prevention:
 - Infuse slowly, not to exceed **4 hours**
 - **Split the unit** of RBC and give half

IMPORTANT NOTE !

Immunologic involved both antigen and antibodies;
Non-immunologic occurs due to physical, chemical, or infectious factors unrelated to an immune response

SEPSIS FROM BACTERIAL CONTAMINATION

- **Contamination** during collection, thawing or storage
 - Normal Flora of the Skin:
 - Bacillus subtilis
 - Staphylococcus aureus
 - Staphylococcus epidermidis
- **Platelets** (stored at room temperature)
 - **skin contaminants** most common cause
 - plateletpheresis 1 in 5000
 - pooled platelets 1 in 1000
- **RBC** (due to ability to stored at the refrigerator)
 - Sepsis from RBC due to Yersinia enterocolitica or
 - Gram Positive: 1 in 3,000,000

IMMEDIATE-IMMUNOLOGIC

ACUTE HEMOLYTIC TRANSFUSION REACTION

- A **clerical** error
- 1 in 6,000 to 25,000 transfusions
- Back pain, chest pain, fever, red urine, oliguria, shock, DIC, death in 1 in 4
- **STOP THE TRANSFUSION:** After experiencing the symptoms

FEBRILE NON-HEMOLYTIC TRANSFUSION REACTION

- Increase in temperature of **1°C** or more that is associated with a transfusion and cannot be explained by any other condition
- Due to recipient's WBC antibodies to donor's WBCs contained

REMEMBER

- Donor selection is still the anchor link in the vein-to-vein comprehensive quality system
- **SAFE BLOOD STARTS WITH ME**
- Ensure adequacy without compromising safety
- Blood safety is strengthened by providing donors with options for self-exclusion or CUE
- Optimizing strategies e.g. iron supplementation, nutrition will reduce deferrals and improve health.

ALLERGIC TR	ANAPHYLIC TR
<ul style="list-style-type: none"> ● Recipient antibody to donor plasma proteins ● Mediated by histamine release from mast cells ● Urticaria, itching, flushing, wheezing 	<ul style="list-style-type: none"> ● Can be life threatening ● Even with few ml ● Reaction between patient's potent class specific anti-IgA Ab's & IgA ● When IgA deficient

TIMELINE OF ISSUANCES

1956	RA 1517 (Blood Bank Law of 1956)
1994	RA 7719 (National Blood Services Act of 1994)



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1995	AO No. 9, s. 1995
1998	AO No. 17-A, s. 1998
2005	AO No. 2, s. 2005
2008	AO No. 8, s. 2008
2010	AO No. 1, s. 2010
2010	AO No. 2, s. 2010