

Republic of the Philippines  
**Department of Health**  
 REGION II TRAUMA AND MEDICAL CENTER

**EVALUATION CRITERIA FOR EQUIPMENT AND REAGENTS IN THE CLINICAL LABORATORY**

Name of Equipment: \_\_\_\_\_ Laboratory Section: \_\_\_\_\_  
 Company: \_\_\_\_\_ Start of Evaluation: \_\_\_\_\_

CRITERIA	RESULTS AND EVALUATION
Method/Principle of the test	
Accuracy of result (parallel testing or manual method if available)	
Frequency of Auto-shutdown/sleep	
Frequency of error flags	
NEQAS Results	
Sipping Volume	
Frequency of Preventive Maintenance (Monthly)	Conforme: _____
Availability of Technical person/Engineer to respond to calls anytime in case of emergency	Conforme: _____
Troubleshooting within 24-48 hours upon notice/call	Conforme: _____
Track record of the company in the timely and complete delivery of supplies/reagents including control, calibrators and consumables	C/O end user: Insert comment if pass or fail.
User- friendliness of the machine	
Ability to show quantitative and retrievable graphical QC	
Reagent wastage during preventive maintenance and trouble-shooting (to include dead volume) to be replaced.	
Provision of all cleaning materials needed during preventive maintenance	Conforme: _____
Strict installation of interfaced computer and to provide consumables for the printer (thermal paper and ink/toner)	Conforme: _____
If winning bidder, Current model of machine shall be installed and at least 2 years in service will be installed and a back-up machine of not more than three (3) years of service	Conforme: _____
Agrees to pull-out machine within two (2) weeks after three (3) failed troubleshooting	Conforme: _____

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

Noted by: \_\_\_\_\_

Conforme: \_\_\_\_\_  
 Name of Company (in print)

\_\_\_\_\_  
 Name and Signature of Company Authorized Representative

\_\_\_\_\_  
 Date