



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Medical Laboratories

1. Name of the Medical Laboratory-
2. Address -
3. Date of Establishment -
4. Province - District -
5. Name of the person operating the Laboratory -
6. Name of the Pathologist -
Sri Lanka Medical Council (SLMC) registration no. -
Whether Full Time/ Part Time -
7. Name of the Microbiologist -
Sri Lanka Medical Council (SLMC) registration no. -
Whether Full Time/ Part Time -
8. Name of the Chemical Pathologist -
Sri Lanka Medical Council (SLMC) registration no. -
Whether Full Time/ Part Time -
9. Internal and External Quality Controlling -
10. Facilities available -
(If radiology facilities are available please provide the registration number and date of the license issued by the Atomic Energy Authority)

11. Method of Clinical Waste Disposal –

12. Business registration no. -

13. **Provincial Director's Comments** -

Name of the Provincial Director of Health Services -

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Signature

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Seal

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Date