

ANALYTICAL SERVICES FOR MARINE BIOTOXINS

OFFICE

FISHERIES RESOURCES MANAGEMENT DIVISION (FRMD) MARINE BIOTOXINS MONITORING SECTION (MBMS)

CLIENTS

Processors / Exporters of fish,
shellfish and other fishery products

Other units of the BFAR
Inspection Section
BFAR Regional Offices
Fisheries Regulatory and
Quarantine Division
BFAR National and/or
Regional Research Centers

Interested parties

PROCESSING TIME

7 days, 1 hour
and 30 min

SCHEDULE

Submission of samples: Mondays to Fridays

Release of Result: 3 working days from
acceptance of the sample

(Subject to the availability of ICR Strain Test Mice)

FEES

PSP = P 600.00
ASP = P 2,500.00
DSP = P 3,000.00
CFP = P 4,000.00
TTX = P 600.00
Plankton = P 600.00
Cyanide = P 250.00

REQUIREMENTS

For Ciguatera Fish Poisoning (CFP) Testing as requirement for Health Certificate only: Health Fish Inspection Unit (HFIU) Form 201

For Cyanide (CN) Testing (for Palawan only): Certificate Receipt of Live Fish Samples Taken for Examination (CRLFSTE)
Samples that are MBMS/CN Protocols compliant

Step No.	Client Step	Agency Actions	Maximum Duration	Office/Person Responsible	Forms Required	Location of Office
1	Submit the sample together with the above-stated documents	Check if sample complies with MBMS/CN protocol	30 mins.	Marc Lawrence J. Romero/ Leah Mora T. Cabella/ Lovella C. Carolino/ Luisa C. Tuazon/ Juan R. Relox, Jr.	HFIU Form No. 201 for CFP CRLFSTE for CN (for Palawan only)	MBMS 3F Arcadia Bldg., Aquezon Ave., Q.C.

Step No.	Client Step	Agency Actions	Maximum Duration	Office/Person Responsible	Forms Required	Location of Office
	Fill-up MBMS Form No. 101 <i>If sample complies MBMS Form No. 101 is issued</i> Client should resample <i>If sample do not comply with MBMS/CN protocols, rejection form is issued</i>	Issue MBMS Form No. 101				
	Submit analysis request forms	Issue Analysis Request Form Check that forms are completely filled up			MBMS Form No. 101 for Paralytic Shellfish Poisoning (PSP) and CFP CN Form No. 101 for commercial samples CN Form No. 102 for Enforcement and Monitoring Samples	
	Secure Order of Payment (MBMS Form No. 201) and Claim Notice (MBMS Form No. 301)	Issue Order of Payment (MBMS Form No. 201) and Claim Notice (MBMS Form No. 301) Perform sample coding according to MBMS manual				
2	Submit Order of Payment and secure Bill of Payment	Issue Bill of Payment	45 mins.	Lina Zulueta	MBMS Form No. 201	Accounting Section
	Pay Laboratory fees and secure Official Receipt	Collect Payment Issue Official Receipt	10 mins.	Francia Amaqui		Cashier Office 2F PCA Main Bldg., Elliptical Rd., Diliman Q.C.

Step No.	Client Step	Agency Actions	Maximum Duration	Office/Person Responsible	Forms Required	Location of Office
3		Perform laboratory analysis	3 to 7 working days	Marc Lawrence J. Romero/ Leah Mora T. Cabella/ Lovella C. Carolino/ Luisa C. Tuazon/ Juan R. Relox, Jr.	Analyst Logsheets	GF, Arcadia Bldg. 860 Quezon Ave., Q.C.
		Print Analysis Report and/or Certifications Sign Analysis Report and/or Certification		Marc Lawrence J. Romero/ Leah Mora T. Cabella/ Lovella C. Carolino/ Luisa Tuazon/ Juan R. Relox, Jr.,/ Sandra Victoria R. Arcamo		MBMS 3F Arcadia Bldg., Aquezon Ave., Q.C. FRMD 3F PCA Annex Bldg., Elliptical Rd., Diliman, Q.C.
4	Present original and carbon copy of OR and MBMS Form No. 301 (Claim Notice) Sign the Receiving Copy Claim Original Copy of the Analysis Report and/or Certification	Issue the Analysis Report / Certification Stamp release MBMS Form No. 301	5 mins.	Marc Lawrence J. Romero/ Leah Mora T. Cabella/ Lovella C. Carolino/ Luisa Tuazon/ Juan R. Relox, Jr.,	Original and Carbon copy of Official Receipt MBMS Form No. 301 Authorization Letter for representative and valid IDs	MBMS 3F Arcadia Bldg., Quezon Ave., Q.C.

ANALYSIS REQUEST FORM (CN FORM NO. 101)



Bureau of Fisheries and Aquatic Resources
Fisheries Resources Management Division
CYANIDE DETECTION TEST LABORATORY
3rd Fl., Arcadia Bldg., 800 Quezon Ave., Quezon City

ANALYSIS REQUEST FORM

CN Form No. 101
Revised 22 July 2009

Analysis Request Number _____

(to be filled by laboratory personnel)

Date Submitted _____

Instructions: Fill up all the required information completely
Information given in this form will be used in the Certification that will be issued
Results will not be issued if incomplete information is given
Results will not be reprinted due to incorrect information given
One (1) Analysis Request is required for each shipper/consignee
Only the person who submitted the sample(s) is allowed to claim the Certification
Certification is valid for one (1) week from date issued and for 1 shipment only

Collection Information

Shipper _____ Consignee _____
Company Name _____ Company Name _____
Address _____ Address _____
Contact Number _____ Contact Number _____
Contact Person _____ Contact Person _____

Collected From _____ Submitted by _____
Company Name _____ Signature _____
Address _____ Name _____
Contact Number _____ Affiliation _____
Contact Person _____ Contact Number _____

Sample Information

Sample Name	Accession Number*	Place Collected	Date Collected	Control #

* to be filled up by laboratory personnel

Received by: _____ Date: _____



Bureau of Fisheries and Aquatic Resources
Fisheries Resources Management Division
CYANIDE DETECTION TEST LABORATORY
3rd Fl., Arcadia Bldg., 800 Quezon Ave., Quezon City
SPECIMEN COLLECTION SUBMISSION DATA

Number * _____ CN Form No. 102

Date Submitted _____ Revised 23 July 2009

Submitting Office _____

Complete Address _____

Contact Number _____

Purpose of Collection _____

☐ Monitoring ☐ Enforcement ☐ Others (specify) _____

Sample Information

Sample Name Common and/or Scientific	Accession Number*	Place Collected	Date Collected	Quantity	Sample Condition

* to be filled up by the laboratory personnel

Collection and Submission Information (completely fill up applicable information)

If sample was Collected from fisherman
Name of Fisherman _____
Name of Boat _____
Owner of Boat _____
Sampling area _____
Complete Address _____

If sample was Collected from a trading facility
Type of Facility _____
Name of Owner _____
Complete Address _____
Shipper
Company name _____
Complete Address _____
Contact Number _____
Contact Person _____

If sample was Collected from a market
Name of Market _____
Name of Owner _____
Complete Address _____
Consignee
Company name _____
Complete Address _____
Contact Number _____
Contact Person _____

Attachments

Letter(s) of Request _____
Endorsement Letter (s) _____

Police Report(s) _____

Collected by: _____ Submitted by: _____

name and affiliation _____ signature over printed name _____

Received by: _____ cc: CDT Lab
Date (dd/mm/yyyy) _____ Submitting Office _____

SPECIMEN COLLECTION SUBMISSION DATA (CN FORM NO. 102)



Republic of the Philippines
Department of Agriculture
BUREAU OF FISHERIES AND AQUATIC RESOURCES
PCA Building, Elipha Road, Cileman, Quezon City 1101
Tel. No.: (+63-2) 9299597
Fax No.: (+63-2) 9299574

Fisheries Resources Management Division
Marine Biotoxin Monitoring Section
3rd Floor Arcadia Building 800 Quezon Ave., 1103 Quezon City
Phone: (+63-2) 4560355

MBMS Form No. 101
Revised 22 July 2009

Analysis Request Number: _____
(to be filled up by laboratory personnel)

Instruction

Fill the form completely and correctly; information listed in this form will be used in the
Analysis Report that will be issued. Results will not be reprinted due to incorrect
information given by the client

Client Information

Name of Client _____
(Name for all request to the analysis form)
Reference Code _____
Address _____
Contact Number _____
Consignee
Address _____

Sample Description

Sample Name _____
Date Collected _____
Place Collected _____
Production Date _____
Production Code _____

Analysis Requested

☐ Paralytic Shellfish Poison (PSP) ☐ Ciguatera Fish Poison (CFP)
☐ Amnesic Shellfish Poison (ASP) ☐ Diarrhetic Shellfish Poison (DSP)
☐ Tetrodotoxin (TTX) ☐ Plankton

Purpose

☐ Monitoring ☐ Transport ☐ Health Certificate
☐ Others _____

Submitted By

Signature over printed name _____
Address _____
Affiliation _____
ID number _____
Contact Number _____

Received by _____
Date _____

**BUREAU OF FISHERIES AND AQUATIC RESOURCES**

Fisheries Resources Management Division

Marine Biotoxin Monitoring Section

860 Arcadia Building Quezon Ave. Quezon City

Phone: (02) 4990355

Number: _____

MBMS Form No. 201

Revised 23 July 2009

REQUEST FOR PAYMENT OF LABORATORY ANALYSIS FEES AND SERVICES

Name Of Client: _____

No. of Samples: _____

Analysis Requested

<input type="checkbox"/>	PSP	600.00	<input type="checkbox"/>	TTX	600.00
<input type="checkbox"/>	ASP	2500.00	<input type="checkbox"/>	Plankton	600.00
<input type="checkbox"/>	DSP	3000.00	<input type="checkbox"/>	CN	250.00
<input type="checkbox"/>	CFP	4000.00			

Total Amount: PHP _____

Issued by: _____

Noted: _____

JUAN R. RELOX, JR.
OIC, Marine Biotoxin Monitoring Section

**REQUEST FOR
PAYMENT OF LABORATORY
ANALYSIS FEES AND SERVICES**
(MBMS FORM NO. 201)

**BUREAU OF FISHERIES AND AQUATIC RESOURCES**

Fisheries Resources Management Division

MARINE BIOTOXINS MONITORING SECTION

860 Arcadia Building Quezon Ave. Quezon City

Phone: (02) 4990355

SAMPLE COLLECTION FORM

Date Collected: _____

Date submitted/received: _____

Number of Samples Received: _____

Job Order No. (Lab internal use): _____

Purpose of Sampling: ☐ verification ☐ certification

Reference Code: _____

(for BFAR use only)

Official Code: _____

Inspection Unit-Region-year-unique sample code (Ex. IU3-06-0020)

Name of Establishment: _____

Address: _____

Approval Number: _____

Name of Product: _____

Origin of raw material: _____

Source of raw material: ☐ Wild-caught ☐ Aquacultured

State/Condition of Sample Received: _____

☐ Fresh ☐ Chilled ☐ Frozen ☐ Dried ☐ Canned ☐ Others

Product Temperature: _____

Storage Container (upon submission to the laboratory): _____

Sampling Point

☐ Production line ☐ Post Production ☐ Post Incubation period ☐ Van loading☐ Others: _____

English and Scientific Name

of Raw material: _____

Batch Number: _____

Production Code: _____

Production Date: _____

"Best Before" Date: _____

Country of Destination: _____

Type of Analysis Requested: _____

Net Weight of Sample: _____

Collected by (BFAR Inspector/Analyst or Company Representative): _____

BFAR (Name and Signature) Company Representative (Name and Signature)

Received by (BFAR or 3rd Party Lab): _____

BFAR: (Receiving Personnel/Lab Analyst) 3rd Party Lab (Receiving Personnel/Lab Analyst)

Note: _____

Original copy of Laboratory (Laboratory Name)

**SAMPLE
COLLECTION**



Republic of the Philippines

Department of Agriculture

BUREAU OF FISHERIES AND AQUATIC RESOURCES

PCA Building Elliptical Road, Diliman, Quezon City 1101

Tel. No.: (+63-2) 9299597

Fax No.: (+63-2) 9298074

CLAIM STUB

MBMS Form No. 301

Fisheries Resources Management Division

Marine Biotoxin Monitoring Section

3rd Floor Arcadia Building 860 Quezon Ave., 1103 Quezon City

Phone: (+63-2) 4090355

Date Received (Sample) _____

Analysis Request No. _____

Analysis Requested _____

Date of Release _____

☐ PSP _____☐ ASP _____☐ DSP _____☐ CFP _____☐ TTX _____☐ Plankton _____☐ CN _____

Issued by: _____

CLAIM STUB
(MBMS FORM NO. 301)