



Healthcare Facility Application Form

Name of Facility

Name of Contact at Facility (Preferably Clinician/Administrator)

Address:

Is your facility registered with the Government of Liberia? If yes, what's the status of your Business Registration?

Status: Current Expired Renewal Process

Is your facility associated with the Liberia Medical & Dental Council or Health Care Federation of Liberia, (HFL)

Yes No

Trans-LinX provides laboratory test courier services for healthcare facilities and their patients upon request.

I, the undersigned, do hereby certify that the information provided above is true and accurate. This information should only be utilized for the approval of my facility as a client of Trans-LinX delivery services.

Name

Trans-LinX Use Only: