



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

November 04, 2016

**DEPARTMENT MEMORANDUM**

No. 2016 - 0402

**FOR : ALL REGIONAL OFFICE DIRECTORS**

**SUBJECT : Inclusion of Blood Typing Kit to TSeKaP or (Tamang Serbisyo para sa Kalusugan ng Pamilya) Equipment Package**


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To support attainment of the national goal of 100% Voluntary Non-remunerated Blood Donation nationwide by 2020, the Department of Health will implement "Type Kita" Project which encourages all Filipino citizens to subject themselves to blood typing in order to create a donor registry that would keep records of potential blood donors with their specified blood type.

The blood typing will follow a phasing scheme which will give priority to young population ages 18-28 years old (Phase 1) to be succeeded by other age group upon further notice.

Relative to this, blood typing kits are to be incorporated in the TSeKaP (or Tamang Serbisyo para sa Kalusugan ng Pamilya) Package for implementation of the project.



Attached is the prototype of the blood typing card.

  
**PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II**  
Secretary of Health

# Blood typing card

width is 3.5 inches  
height is 2 inches



Front

 Department of Health 

**TYPE KITTA!** **A+**

BLOOD TYPE



NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_

 Department of Health 

**TYPE KITTA!** **B+**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_



 Department of Health 

**TYPE KITTA!** **AB+**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_



Front

 Department of Health 

**TYPE KITTA!** **A-**

BLOOD TYPE



NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_

 Department of Health 

**TYPE KITTA!** **B-**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_



 Department of Health 

**TYPE KITTA!** **AB-**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_



Front

 Department of Health 

**TYPE KITTA!** **O+**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_

 Department of Health 

**TYPE KITTA!** **O-**

BLOOD TYPE

NAME (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
ADDRESS \_\_\_\_\_ I.D. No. \_\_\_\_\_





**Back**

In case of emergency, please notify

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**#sharelifegiveblood**

I give my consent to donate  Any organ  Specific organ \_\_\_\_\_ upon my death.

 PhilHealth  LGU  Partner1  Partner2

**All for Health Towards Health for All**