KENYA ACCREDITATION SERVICE
P. O. Box 47400-00100, TEL. +254-787-395679, +254-725-227640 Nairobi, Kenya
Email: info@kenyaaccreditation.org Web: www.kenas.go.ke

SCHEDULE OF ACCREDITATION

MARAGUA SUB-COUNTY HOSPITAL LABORATORY

ISO 15189:2012

Medical Laboratory Number: KENAS/ML/139

PERMANENT ADDRESS OF LABORATORY
Location: Maragua Sub-County Hospital
Off maragua Town, along Maragua Gakoigo Road
P.O BOX 72-10205
Maragua, Kenya
Tel: +254 720 776 500
Email: maragualab@gmail.com

Laboratory Director: Dr. George Kariuki

Nominated Representative: Johnson Irungu

Approved by: KENAS CEO/Authorized Representative

Date: 10-DEC-2020
## SCHEDULE OF ACCREDITATION

<table>
<thead>
<tr>
<th>No.</th>
<th>Medical Field</th>
<th>Examination Technique</th>
<th>Equipment</th>
<th>Specimen</th>
<th>Components/ Analytes</th>
</tr>
</thead>
</table>
Red Blood Cells (RBC)  
Platelets (PLT)  
Hemoglobin (HB)  
Hematocrit (HCT)  
Mean Corpuscular Volume (MCV) |
| 2.  | Biochemistry           | Spectrophotometry                      | Cobas C111     | Serum          | Albumin  
Alanine Amino Transferase (ALT)  
Aspartate Amino Transferase (AST)  
Alkaline Phosphate (ALP)  
Gamma Glutamyl Transferase (GGT)  
Bilirubin Direct  
Bilirubin Total  
Total Protein  
Urea  
Creatinine  
Calcium  
Potassium  
Sodium  
Chloride |
| 3.  | Microbiology-Mycobacteriology | Microscopic examination of Auramine-stained Smears | AVL 9180       | Sputum         | Mycobacterium *tuberculosis* |

### Accreditation History

<table>
<thead>
<tr>
<th>Type</th>
<th>Decision Date</th>
<th>Effective Date</th>
<th>Expiry</th>
</tr>
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<tbody>
<tr>
<td>Initial Assessment</td>
<td>10-DEC-2020</td>
<td>10-DEC-2020</td>
<td>09-DEC-2024</td>
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This schedule is issued subject to the terms and conditions of KENAS Accreditation

Approved by: __________________________ Date: 10-DEC-2020

KENAS CEO/Authorized Representative