



**KENYA ACCREDITATION SERVICE**

P. O. Box 47400-00100, TEL. +254-787-395679, +254-725-227640 Nairobi, Kenya

Email: [info@kenyaaccreditation.org](mailto:info@kenyaaccreditation.org) Web: [www.kenas.go.ke](http://www.kenas.go.ke)

**SCHEDULE OF ACCREDITATION**

**BUSIA COUNTY REFERAL HOSPITAL LABORATORY**

**ISO 15189:2012**

Medical Laboratory Number: KENAS/ACCR/ML/55

Date of Accreditation: **30-SEP-2019**

**PERMANENT ADDRESS OF LABORATORY**

BUSIA COUNTY REFERAL HOSPITAL

P. O. BOX 87-50400

Busia, Kenya

Tel: +254722429821

Email: [busiahospital@gmail.com](mailto:busiahospital@gmail.com)

**Laboratory Director:**

David Mukabi

**Nominated Representative:**

Monica Ogutu- Quality officer

Date of Expiry: **29-SEP-2023**

Approved by: \_\_\_\_\_

*[Signature]*  
KENAS CEO/Authorized Representative

Date: **30-SEP-2019**

*[Signature]* **2019-09-30**



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#### SCHEDULE OF ACCREDITATION

No.	Medical field	Examination technique	Equipment	Specimen	Components / Analyte	Test Location
1	Biochemistry	Spectrophotometry	Mindray BS 230	Whole Blood	ALT	Busia Country Referral Hospital
					AST	
					CREATININE	
					UREA	
					URIC ACID	
2	Haematology	Electrical Impedance	Medonic M Seried M32	Whole Blood (EDTA)	Total RBC	
					Total WBC	
					PLATELETS	

Original Date of Accreditation: 30-SEP-2019

This schedule is issued subject to the terms and conditions of KENAS Accreditation. It supersedes any other schedule(s) issued in the past.

Approved by:  Date: 30-SEP-2019  
KENAS-CEO/Authorized Representative

 mg-09-30