



**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**

**MALINDI SUB-COUNTY HOSPITAL LABORATORY**

**ISO 15189:2012**

Medical Laboratory Number: **KENAS/ACCR/ML/54**

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

**PERMANENT ADDRESS OF LABORATORY**

**Malindi Sub-County Hospital**

Physical Address: Casuarina Road Malindi

P. O. BOX 4, 80-200

Malindi, Kenya

Tel: +254702744917

Email: malindimedicalsuperintendent@gmail.com

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**Laboratory Director:**

Dr. Evans Ogato

**Nominated Representative:**

Hellen Manilla- 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.	Haematology	Electrical impedance	Celtec-MEK 640	Blood (EDTA)	WBC	Main Laboratory
					RBC	
					HB	
					HCT	
					PLT	
2.	Biochemistry	Spectrophotometry	Mindray BS-200	Serum	Creatinine	Main Laboratory
					AST	
					ALT	
					ALP	
					Total bilirubin	
					Direct Bilirubin	
					Albumin	
		T-Protein				
		Urea				
		Ion selective electrode	Easylyte	Serum	Sodium	
Potassium						
Chloride						
3.	Microbiology (parasitology)	Malaria Microscopy	Microscope	Blood	Malaria parasite	Main Laboratory
4.	Molecular biology (Mycobacterium tuberculosis)	Polymerase Chain Reaction (PCR)	Gene Xpert	Sputum	Detection of Mycobacterium tuberculosis, Rifabacin drug Resistance/sensitivity	Main Laboratory
5.	Microbiology (Mycobacteriology)	Fluorescent Microscopy	Microscope	Sputum	Mycobacterium tuberculosis	Main Laboratory

Original Date of Accreditation: 30-SEP-2019

*Handwritten signature and date: 2019-09-30*



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**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

*(Handwritten signature and date)*  
2mg-09-30