



**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**

**BAHATI SUB-COUNTY HOSPITAL**

**ISO 15189:2012**

Medical Laboratory Number: **KENAS/ACCR/ML/91**

Date of Accreditation: **30-JAN-2020**

**PERMANENT ADDRESS OF LABORATORY**

**Bahati Sub- County Hospital**

Physical Address: Along Nakuru-Solai Road

P. O. BOX 77-20113

BAHATI

Tel: +254 720 859993

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

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**Laboratory Director:**

Dr. Oren Ombiro

**Nominated Representative:**

Mercy Tuwei

**Date of Expiry: 29-JAN-2024**

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

*[Signature]*  
**KENAS CEO/Authorized Representative**

Date: 30-JAN-2020

*[Signature]* 2020-02-07



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**SCHEDULE OF ACCREDITATION**

No.	Medical Field	Examination Techniques	Equipment	Specimen	Components / Analytes/Test	Test Location
1.	Parasitology	Microscopic Examination Of Giemsa Staining	Microscope		Malaria Parasite	BSCH Laboratory Nakuru
2.	Haematology	Electric impedance, Photometry	SWELAB ALFA	Whole Blood	WBC RBC HB HCT Platelets	
3.	Microbiology (Mycobacteriology)	Polymerase Chain Reaction (PCR)	Cepheid Gene Expert	Sputum	Mycobacterium Tuberculosis DNA	
		Fluorescent Microscopy of AURAMINE stained sputum smears	Fluorescent Microscope		Mycobacterium Tuberculosis bacilli	

Original Date of Accreditation: 30-JAN-2020

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-JAN-2020   
 KENAS CEO/Authorized Representative