KENYA ACCREDITATION SERVICE
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SCHEDULE OF ACCREDITATION

TEMEKE REGIONAL REFERRAL HOSPITAL- SPECIALIZED LABORATORY

ISO 15189:2012

Medical Laboratory Number: KENAS/ACCR/ML/103

Date of Accreditation: 20-FEB-2020

PERMANENT ADDRESS OF LABORATORY
Temek Regional Referral Hospital
Physical address: Temek Municipality, Temek Road
Adjacent Sterio market
P. O. BOX 45232
Dar es Salaam, Tanzania
Tel: +255 659-998-808
Email: mdh@mdh-tz.org

<table>
<thead>
<tr>
<th>Laboratory Director:</th>
<th>Nominated Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Temba</td>
<td>Moses Munuo</td>
</tr>
</tbody>
</table>

Date of Expiry: 19-FEB-2024

Approved by: _______________ Date: 20-FEB-2020

KENAS CEO/Authorized Representative
<table>
<thead>
<tr>
<th>No.</th>
<th>Medical Field</th>
<th>Examination Technique</th>
<th>Equipment</th>
<th>Specimen</th>
<th>Components / Analytes</th>
<th>Test Location</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Microbiology - Virology</td>
<td>Polymerase Chain Reaction (PCR)</td>
<td>COBAS Ampliprep-Taqman (CAPCTM) 6800 and 8800</td>
<td>Plasma</td>
<td>HIV RNA (Viral load)</td>
<td>Temeké Specialized laboratory</td>
</tr>
</tbody>
</table>

Original Date of Accreditation: 20-FEB-2020

This schedule is issued subject to the terms and conditions of KENAS Accreditation.

Approved by: __________________________ Date: 20-FEB-2020

KENAS CEO/Authorized Representative