



**KENYA ACCREDITATION SERVICE**

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

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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**

Temeke Regional Referral Hospital

Physical address: Temeke Municipality, Temeke Road

Adjacent Sterio market

P. O. BOX 45232

Dar es Salam, Tanzania

Tel: +255 659-998-808

Email: [mdh@mdh-tz.org](mailto:mdh@mdh-tz.org)

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**Laboratory Director:**

David Temba

**Nominated Representative**

Moses Munuo

**Date of Expiry: 19-FEB-2024**

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

**Date: 20-FEB-2020**

**KENAS CEO/Authorized Representative**



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**SCHEDULE OF ACCREDITATION**

No.	Medical Field	Examination Technique	Equipment	Specimen	Components / Analytes	Test Location
1.	Microbiology - Virology (Molecular Biology)	Polymerase Chain Reaction (PCR)	COBAS Ampliprep-Taqman (CAPCTM) 6800 and 8800	Plasma	HIV RNA (Viral load)	Temeke Specialized laboratory

**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***