KENYA ACCREDITATION SERVICE
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SCHEDULE OF ACCREDITATION

GUCHA SUBCOUNTY HOSPITAL LABORATORY

ISO 15189:2012

Medical Laboratory Number: KENAS/ML/126

Date of Accreditation: 02-APR-2020

PERMANENT ADDRESS OF LABORATORY
Gucha sub county Hospital
Ogembo Town
P.O. Box 6-40204
Kisii, Kenya
Tel: +254 799 403 203
Email: guchamoh@gmail.com

Laboratory Director: Dr. Ambrose Nabwana

Nominated Representative: Samwel Choi

Date of Expiry: 01-APR-2024

Approved by: _______________________________ Date: 02-APR-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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Microbiology-Mycobacteriology</td>
<td>Ziehl-Neelsen Staining</td>
<td>Microscope</td>
<td>Sputum</td>
<td>Mycobacterium tuberculosis - Acid Fast Bacilli (AFB)</td>
<td>Main Lab</td>
</tr>
<tr>
<td>3.</td>
<td>Immunology-Serology</td>
<td>Immuno chromatography</td>
<td>Determine and first response HIV Kit</td>
<td>Whole Blood</td>
<td>HIV 1&amp;2 antibodies</td>
<td></td>
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<tr>
<td>4.</td>
<td>Hematology</td>
<td>Electrical impedance</td>
<td>Swelab Alfa</td>
<td>Whole Blood - EDTA</td>
<td>WBC, HB, RBC, Lymphocyte, Platelets</td>
<td></td>
</tr>
</tbody>
</table>

Original Date of Accreditation: 02-APR-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: 02-APR-2020

KENAS CEO/Authorized Representative