



KENYA ACCREDITATION SERVICE

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

Email: info@kenas.go.ke Web: www.kenas.go.ke

SCHEDULE OF ACCREDITATION

MURIRANJAS SUB-COUNTY HOSPITAL LABORATORY

ISO 15189:2012

Medical Laboratory Number: **KENAS/ML/117**

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

PERMANENT ADDRESS OF LABORATORY

Muriranjas Sub-County Hospital

Kiharu Sub-county – Murang’a County

P.O. Box 577- 10200

Murang’a Kenya

Tel: +254 726 715 863

Email: muriranjashslab@gmail.com

Laboratory Director:

Dr. Davis Ombui

Nominated Representative:

Saweria Mbuthia

Date of Expiry: 29-APR-2024

Approved by: _____

[Signature]
KENAS CEO/Authorized Representative

Date: 30-APR-2020

[Signature] 2020-04-30



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SCHEDULE OF ACCREDITATION

No.	Medical Field	Examination Technique	Equipment	Specimen	Components/ Analytes	Test Location
1.	Hematology	Photometric/volumetric impedance	Hemolyzer 3NG	Whole blood-EDTA	WBC HB RBC PLT HCT MCV	Muriranjias sub-county hospital -main lab
2.	Microbiology- Mycobacteriology	Ziehl- Neelsen Staining	Microscope	Sputum	Mycobacterium <i>tuberculosis</i> - Acid Fast Bacilli (AFB)	

Original Date of Accreditation: 30-APR-2020

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

Approved by: _____

[Signature]
KENAS-CEO/Authorized Representative

Date: 30-APR-2020

[Signature]
2020-04-30