KENYA ACCREDITATION SERVICE
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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: ___________________________ Date: 30-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>Hematology</td>
<td>Photometric/volumetric impedance</td>
<td>Hemolyzer 3NG</td>
<td>Whole blood-EDTA</td>
<td>WBC, HB, RBC, PLT, HCT, MCV</td>
<td>Muriranjas sub-county hospital -main lab</td>
</tr>
<tr>
<td>2.</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></td>
</tr>
</tbody>
</table>

Original Date of Accreditation: 30-APR-2020

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

Approved by: ____________________________ Date: 30-APR-2020

KENAS-CEO/Authorized Representative