KENYA ACCREDITATION SERVICE
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SCHEDULE OF ACCREDITATION

ALUPE SUB-COUNTY REFERRAL HOSPITAL LABORATORY

ISO 15189:2012

Medical Laboratory Number: KENAS/ML/100

Date of Accreditation: 14-MAY-2020

PERMANENT ADDRESS OF LABORATORY
Alupe Sub-County Referral Hospital
Along Busia- Malaba Road
P.O BOX 35- 50400
Busia, Kenya
Tel: +254 792 671 444
Email: alupemedlab@gmail.com

Laboratory Director: Dr. Nelson Kilimo
Nominated Representative: Phylis Omuse

Date of Expiry: 13-MAY-2024

Approved by: [Signature]
KENAS CEO/Authorized Representative

Date: 14-MAY-2020
# SCHEDULE OF ACCREDITATION

<table>
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<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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<td>1</td>
<td>Microbiology -</td>
<td>Microscopic examination of</td>
<td>Fluorescent microscope</td>
<td>Sputum</td>
<td>Mycobacterium</td>
<td>Alupe Sub County</td>
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<tr>
<td></td>
<td>Mycobacteriology</td>
<td>Auramine stained Smears</td>
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<td>hospital-Main</td>
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<td>2</td>
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<td>Giemsa stain (Thick and Thin Smear)</td>
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<td>Immunology (Serology)</td>
<td>Immuno-chromatography</td>
<td>Rapid Kit (Determine and first response )</td>
<td>Whole Blood/</td>
<td>HIV 1 / 2 antibodies</td>
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<td></td>
<td></td>
<td>Rapid Kit (VDRL Kit)</td>
<td>Whole Blood/Plasma</td>
<td>Treponema Pallidun (Syphilis Test)</td>
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<td>Haematology</td>
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<td>Haemocue 201 analyzer</td>
<td>Whole Blood-EDTA</td>
<td>HB estimation</td>
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<td></td>
<td>Electrical impedance and flow cytometry</td>
<td>Hemolyzer 5NG</td>
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Original Date of Accreditation: 14-MAY-2020

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

Approved by: [Signature]

Date: 14-MAY-2020

KENAS CEO/Authorized Representative