

ALLIED HEALTH PROFESSIONALS COUNCIL



MINISTRY OF HEALTH
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CHECK LIST FOR THE MINIMUM REQUIREMENTS TO OPERATE A MEDICAL LABORATORY (Level 1)

1. Name of the Medical Laboratory
- 2 Type of the laboratory (tick the appropriate)
 - a) Stand alone
 - b) Under a Clinic/Hospital
 - c) If (b), Is the Clinic/Hospital licensed by any Health Professional Council?
 - d) If (c) above is yes, state the Council.....
3. **Location:** District..... County.....
Sub-county..... LC1/street.....
Postal address.....email.....
Phone (s) Landline..... Mobile.....
4. Is the Laboratory registered with the AHPC? Yes No If yes, Reg. No.....
5. Personnel inventory.

PERSONNEL	NAME	QUALIFICATION(use a tick to indicate the qualification)			
		Degree	Diploma	Certificate	Others qualifications
In-charge					
Others (including part time)					

6. Contact person's Name..... Sign Tel.....

Level 1

S/N	Tests performed	Yes / No	Comments
1	Syphilis screening (RPR/VDRL)		
2	HIV Serology (Rapid tests)		
3	Pregnancy test (Rapid or hCG)		
4	Blood glucose		
5	Haemoglobin estimation		
6	Erythrocyte Sedimentation Rate (ESR)		
7	Urine microscopy		
8	Urine dipstick		
9	Stool microscopy		
10	Blood slide for malaria or other blood parasites		
11	Sickle cell screening test		
12	Wet preparation mounts		
13	Gram staining		
14	ZN staining		
15	ABO and Rhesus grouping		

S/NO	PHYSICAL SPACE	YES/NO	COMMENTS
1	Testing area – 6 sq meters (minimum)		
2	Phlebotomy to fit a coach with an arm chair		
3	Lighting (Natural /Artificial)		
4	Ventilation (Sufficient / Insufficient)		
5	Reception and Waiting area (sufficient)		
6	Patient's Toilet		
7	Storage area for:		
	Lab reagents		
	Supplies		
	Records		
8	Source of running water		
9	Wash hand basin		
10	Fire extinguisher		
11	Separate room if doing Ziehl-Neelsen staining		

S/NO	EQUIPMENT AND MATERIALS	YES / NO	COMMENTS
1	Binocular microscope		
2	Calorimeter with required filters or Haemoglobinometer		
3	Glucometer		
4	Appropriate strips for tests performed		
5	Appropriate stains		
6	Staining containers or rack		
7	Waste containers		

8	Centrifuge		
9	ESR rack, tubes and timer		
10	Immersion Oil		
11	Microscope slides and glass cover slips		
12	Disinfectants and Antiseptics		
13	Work bench		
14	Protective wear (coat, gloves, etc)		
15	Record books (Phlebotomy, Results and sample referrals)		
16	SOPs for tests being performed		
17	Appropriate specimen containers (stool, urine, blood, etc)		
18	Refrigerator		

District Laboratory Focal Person's general comments

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District Laboratory Focal Person's NameSignature.....Date.....

Lab In-charge's Name.....Signature.....Date.....

Recommendations of DHO

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Signed:

Full Names:

Dated:

Official stamp/Seal

FOR OFFICIAL USE ONLY

Comments

.....

Signed.....

Full names.....

Title.....

Date.....