

ALLIED HEALTH PROFESSIONALS COUNCIL



MINISTRY OF HEALTH
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**CHECK LIST FOR THE MINIMUM REQUIREMENTS TO OPERATE A MEDICAL LABORATORY
 (Level 2)**

1. Name of the 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.....
3. 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	Other qualifications
In-charge					
Others (including part time)					

* If more technical staff, fill additional sheet of paper

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

Level 2

S/No	Tests performed	Yes / No	Comments
SECTION	SEROLOGY / IMMUNOLOGY		
1	Brucella serological test		
2	Syphilis screening (RPR/VDRL)		
3	HIV Serology tests		
4	Hepatitis B virus screening		
5	Hepatitis C virus screening		
6	Cryptococcal Antigen		
7	Rheumatoid factor		
SECTION	MICROBIOLOGY		
8	Gram staining		
9	ZN staining and microscopy		
10	Examination of CSF and other body fluids <ul style="list-style-type: none"> i. Macroscopy ii. Microscopy including cell count iii. Biochemical tests iv. Culture and sensitivity 		
11	Stool: <ul style="list-style-type: none"> i. Microscopy ii. occult blood iii. culture and sensitivity 		
12	Urine: <ul style="list-style-type: none"> i. urinalysis, ii. microscopy, iii. culture and sensitivity 		
13	Sputum <ul style="list-style-type: none"> i. microscopy ii. culture and sensitivity 		
14	Examination of swabs: <ul style="list-style-type: none"> i. microscopy, ii. culture and sensitivity 		
15	Semen Analysis		
SECTION	HAEMATOLOGY		
16	Blood slides for malaria and other haemoparasites		
17	ABO and Rh grouping		
18	Blood cross - matching		
19	Coomb's test (Direct and Indirect)		
20	Storage of Blood for transfusion		
21	Erythrocyte Sedimentation Rate (ESR)		
22	Full Haemogram (CBC)		
23	Differential white cell count		
24	Reticulocyte count		
25	Bleeding and clotting time		
26	Prothrombin time (INR)		
27	Partial thromboplastin time		
28	Sickle cell screening test		
SECTION	CLINICAL CHEMISTRY		

29	Blood glucose		
30	Glucose Tolerance Test		
31	Alkaline phosphatase		
32	Aspartate aminotransferase(AST)		
33	Alanine aminotransferase(ALT)		
34	Gamma Glutamyl Transferases (GGT)		
35	Bilirubin - total and direct		
36	Protein – total and albumin		
37	Urea (BUN)		
38	Electrolytes(Na+, K+, Cl-)		
39	Creatinine		
40	Uric acid		
41	Serum amylase		
42	Total cholesterol		
43	Triglycerides		
44	High density lipoprotein		
45	Low density Lipoprotein		
46	Creatine phosphokinase(CPK)		
47	Lactic dehydrogenase(LDH)		
	OTHER TESTS		
48	CD4, CD8 and CD 3		

S/No	Physical Space	Yes /No	Comments
1	Total testing area – 10 sq meters (minimum)		
2	Phlebotomy to fit a couch 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: i. Lab reagents ii. Supplies iii. Records		
8	Source of running water		
9	Wash hand basin		
10	Fire extinguisher		
11	Separate room with a safety cabinet or a dead end safety box for handling highly infectious samples		

S/No	Equipment and materials	Yes / No	Comments
1	Binocular microscope		
2	Haematology analyser		
3	Chemistry analyser		
4	CD4 counter		
5	Air incubator		
6	Hot air oven		
7	Shaker		
8	Roller mixer		
9	Appropriate strips for tests performed		

10	Appropriate stains		
11	Staining containers or rack		
12	Waste containers		
13	Electric Centrifuge		
14	ESR rack, tubes and timer		
15	Immersion Oil		
16	Microscope slides and glass cover slips		
17	Autoclave		
18	Refrigerator		
19	Disinfectants and Antiseptics		
20	Protective wear (coat, gloves, etc)		
21	Record books (Phlebotomy, Results and sample referrals)		
22	SOPs for tests being performed		
23	Phlebotomy kit and the appropriate specimen containers (stool, urine, blood, etc)		

District Laboratory Focal Person's general comments

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District Laboratory Focal Person's Name.....Sign..... Date.....

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

Recommendations of DHO

Signed:

Full Names:

Date:

Official stamp/Seal

FOR OFFICIAL USE ONLY

Comments

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Signed.....

Full Names.....

Title.....

Date.....