ALLIED HEALTH PROFESSIONALS COUNCIL



MINISTRY OF HEALTH

P.O.BOX 7272, KAMPALA

<TEL:0414345688,0776345688,0706345688>

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**CHECK LIST FOR THE MINIMUM REQUIREMENTS TO OPERATE A MEDICAL LABORATORY (Level 3)**

1. Name of the Laboratory ……………………............................................…………………..
2. Type of a medical Laboratory
   1. Stand alone b) Under a Clinic/Hospital
   2. If (b), Is the Clinic/Hospital licensed by any Health Professional Council? ...........

d) If (c) above is yes, state the Council......................................................

1. **Location**: District………………..............................County…………………...................……
2. Sub-county……….......................................................................................................…………

LC1…………………………………………..Street…………………………………

Postal address……………………………Email…………....………………………

Phone(s) Landline……………….………………………Mobile………….…………

5. Is the Laboratory registered with the AHPC? Yes No If yes, Reg. No……….….…

6. Personnel inventory.

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| --- | --- | --- | --- | --- | --- |
| **PERSONNEL** | **NAME** | **QUALIFICATION(tick to indicate the qualification)** | | | |
|  | Degree | Diploma | Certificate | Others qualifications |
| **In-charge** |  |  |  |  |  |
| **Others (including part time)** |  |  |  |  |  |
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\* If more technical staff, fill additional sheet of paper

Contact person’s Name……………………………….......Sign……….……Tel……………

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| **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 | Hepatitis A virus screening |  |  |
| 7 | Cryptococcal Antigen |  |  |
| 8 | C – Reactive Protein |  |  |
| 9 | Rheumatoid factor |  |  |
| 10 | Anti Streptolysin O |  |  |
| 11 | Anti nuclear antibodies (ANA) |  |  |
| 12 | Serological tests for other common infectious disease conditions |  |  |
| **SECTION** | **MICROBIOLOGY** |  |  |
| 13 | Gram staining |  |  |
| 14 | ZN staining |  |  |
| 15 | Examination of CSF and other body fluids   1. Macroscopy 2. Microscopy including cell count 3. Biochemical tests 4. Culture and sensitivity |  |  |
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| 16 | Stool:   1. Microscopy 2. occult blood 3. culture and sensitivity |  |  |
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| 17 | Urine:   1. urinalysis, 2. microscopy, 3. culture and sensitivity |  |  |
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| 18 | Sputum   1. microscopy 2. culture and sensitivity |  |  |
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| 19 | Examination of swabs:   1. microscopy, 2. culture and sensitivity |  |  |
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| 20 | Blood culture and sensitivity |  |  |
| 21 | Examinations for fungal infections |  |  |
| 22 | Semen Analysis |  |  |
| 23 | TB culture |  |  |
| **SECTION** | **HAEMATOLOGY** |  |  |
| 24 | Blood slides for malaria and other haemoparasites |  |  |
| 25 | ABO and Rh grouping |  |  |
| 26 | Blood cross - matching |  |  |
| 27 | Compatibility testing |  |  |
| 28 | Coomb’s test (Direct and Indirect) |  |  |
| 29 | Storage of Blood for transfusion |  |  |
| 30 | Erythrocyte Sedimentation Rate (ESR) |  |  |
| 31 | Full Haemogram (CBC) |  |  |
| 32 | Differential white cell count |  |  |
| 33 | Reticulocyte count |  |  |
| 34 | Peripheral blood film (comments) |  |  |
| 35 | Bleeding and clotting time |  |  |
| 36 | Prothrombin time (INR) |  |  |
| 37 | Partial thromboplastin time |  |  |
| 38 | HB Electrophoresis |  |  |
| 39 | Sickle cell screening test |  |  |
| 40 | Lupus Erythromatus test |  |  |
| 41 | Processing and examination of bone marrow aspirates |  |  |
| **SECTION** | **CLINICAL CHEMISTRY** |  |  |
| 42 | Blood glucose |  |  |
| 43 | Glucose Tolerance Test |  |  |
| 44 | Alkaline phosphatase |  |  |
| 45 | Aspartate aminotransferase(AST) |  |  |
| 46 | Alanine aminotransferase(ALT) |  |  |
| 47 | Gamma Glutamyl Transferases (GGT) |  |  |
| 48 | Bilirubin - total and direct |  |  |
| 49 | Proteun – total and albumin |  |  |
| 50 | Protein electrophoresis |  |  |
| 51 | Urea (BUN) |  |  |
| 52 | Electrolytes(Na+, K+, Cl-) |  |  |
| 53 | Creatinine |  |  |
| 54 | Uric acid |  |  |
| 55 | Lactic acid |  |  |
| 56 | Calcium |  |  |
| 57 | Inorganic Phospharous |  |  |
| 58 | Magnesium |  |  |
| 59 | Lipase |  |  |
| 60 | Serum amylase |  |  |
| 61 | Total cholesterol |  |  |
| 62 | Triglycerides |  |  |
| 63 | High density lipoprotein |  |  |
| 64 | Low density Lipoprotein |  |  |
| 65 | Creatine phosphokinase(CPK) |  |  |
| 66 | Lactic dehydrogenase(LDH) |  |  |
| 67 | Blood gases(ICU) |  |  |
| 68 | Hormonal tests (Fertility) |  |  |
| 69 | Thyroid function |  |  |
| 70 | PSA and other tumour markers |  |  |
| **SECTION** | **HISTOLOGICAL TESTS** |  |  |
| 72 | Cervical smear (Pap smear) |  |  |
| 73 | Processing and examination of cytological specimens |  |  |
| 74 | Processing and examination of histological specimens |  |  |
|  | **OTHER TESTS** |  |  |
| 75 | CD4, CD8 or other CD classification |  |  |
| 76 | PCR (DNA, RNA) |  |  |
| 77 | ARV drug resistance testing |  |  |
| 78 | Skin snips |  |  |

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| **S/No** | **Physical Space** | **Yes /No** | **Comments** |
| 1 | Total testing area – 24 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:   1. Lab reagents 2. Supplies 3. Records |  |  |
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| 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 |  |  |

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| **S/No** | **Equipment and materials** | Yes / No | Comments |
| 1 | Binocular microscope |  |  |
| 2 | Heamatology analyser |  |  |
| 3 | Chemistry analyser |  |  |
| 4 | Immuno cell marker counter (e.g. CD4 counter) |  |  |
| 5 | Air incubator |  |  |
| 6 | Hot air oven |  |  |
| 7 | Shaker |  |  |
| 8 | Vortex |  |  |
| 9 | Roller mixer |  |  |
| 10 | Glucometer |  |  |
| 11 | Appropriate strips for tests performed |  |  |
| 12 | Appropriate stains |  |  |
| 13 | Staining containers or rack |  |  |
| 14 | Waste containers |  |  |
| 15 | Electric Centrifuge |  |  |
| 16 | ESR rack, tubes and timer |  |  |
| 17 | Immersion Oil |  |  |
| 18 | Microscope slides and glass cover slips |  |  |
| 19 | Autoclave |  |  |
| 20 | Refrigerator |  |  |
| 21 | Disinfectants and Antiseptics |  |  |
| 22 | Protective wear (coat, gloves, etc) |  |  |
| 23 | Record books (Phlebotomy, Results and sample referrals) |  |  |
| 24 | Microtome and accessories |  |  |
| 25 | SOPs for tests being performed |  |  |
| 26 | Phlebotomy kit and the appropriate specimen containers (stool, urine, blood, etc) |  |  |

District Laboratory Focal Person’s general comments

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DLFP’s Name …………………………..................Signature…………………Date......................

Lab In-charge’s Name………………………………Signature…………………Date……………

Recommendations of DHO

………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed: …………………………………………

Full Names: ……………………………………………………………………………………

Dated: ………………………………………..

Official stamp/seal

**FOR OFFICIAL USE ONLY**

Comments

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Signed...............................................................

Full Names........................................................................................................................................

Title....................................................................................................................................................

Date..................................................................