ALLIED HEALTH PROFESSIONALS COUNCIL



MINISTRY OF HEALTH

P.O.BOX 7272,KAMPALA

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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)
   1. 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.........................................................................................................

1. **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.

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

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

**Level 2**

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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 | Cryptococcal Antigen |  |  |
| 7 | Rheumatoid factor |  |  |
| **SECTION** | **MICROBIOLOGY** |  |  |
| 8 | Gram staining |  |  |
| 9 | ZN staining and microscopy |  |  |
| 10 | 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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| 11 | Stool:   1. Microscopy 2. occult blood 3. culture and sensitivity |  |  |
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| 12 | Urine:   1. urinalysis, 2. microscopy, 3. culture and sensitivity |  |  |
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| 13 | Sputum   1. microscopy 2. culture and sensitivity |  |  |
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|  |  |
| 14 | Examination of swabs:   1. microscopy, 2. culture and sensitivity |  |  |
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|  |  |
| 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 | Proteun – 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 |  |  |

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| **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:   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 | 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.................................................................