



St. Mary's
MISSION HOSPITAL
Compassion in Healthcare

Nairobi
P. O. Box 960 – 00517 Nairobi
Tel: +254 207851300
Email: info@stmmh.co.ke

VERSION 2	EVALUATION OF REFERRAL LABORATORIES FORM	DOCUMENT CONTROL NUMBER STMMHL-LOG 010	EFFECTIVE DATE 15/3/2021
-----------	---	---	-----------------------------

(This checklist is designed to provide a guide and contains suggestions for useful areas of inquiry during the evaluation process. Questions are 25 in total and each is 4 marks. Acceptable marks $\geq 80\%$)

Name of the Laboratory NYUMBANI DIAGNOSTIC LABORATORY

Physical Address DAWORE TTI ROAD KAREN

Date of Evaluation _____

Name of Assessor/s PUTH KIMUTU & EUNITH ATENO

1.0 Scope of Tests	YES	NO	N/A
1.1) Does the range of tests offered cover the requirements of the Lab? (requirement)	✓		
Comments <u>Test referred : Gene expert</u>	Lab score	Section 1 total score	
		4 marks	
2.0 Specimen Handling	YES	NO	N/A
2.1) Has the lab provided the sample collection and transportation manual? (requirement)	✓		
2.2) Does the laboratory provide specimen collection containers test request form?	✓		
Comments	Lab score	Section 2 total score	
		8 marks	



St. Mary's
MISSION HOSPITAL
Compassion in Healthcare

Nairobi
P. O. Box 960 – 00517 Nairobi
Tel: +254 207851300
Email: info@stmmh.co.ke

VERSION 2	EVALUATION OF REFERRAL LABORATORIES FORM	DOCUMENT CONTROL NUMBER STMMHL-LOG 010	EFFECTIVE DATE 15/3/2021
-----------	---	---	-----------------------------

3.0 Specimen pickup service	YES	NO	N/A
3.1) Is the sample pick up schedule convenient i.e. does it fit well with lab patient and workflow?	✓		
3.2) Does the lab transport specimen according to the specimen transportation requirement	✓		
Comments	Lab score	Section 3 total score	
		8 marks	
4.0 Turn Around Time (Requirement)	YES	NO	N/A
4.1) Does the lab meet its TAT for			
4.1.1 Routine tests	✓		
4.1.2 Urgent Tests	✓		
Comments	Lab score	Section 4 total score	
		8 marks	
5.0 Reports	YES	NO	N/A
5.1) Is the method of result return convenient and are the test reports in a readable format	✓		
5.2) Does the lab provide interpretation of results where required? (Requirement)	✓		
5.3) Are abnormal results flagged?	✓		
5.4) Are urgent and critical results reported timely? (requirement)	✓		
Comments	Lab score	Section 5 total score	
		16 marks	
6.0 Consultation	YES	NO	N/A
Is the Lab staff readily available to offer advice on			
6.1 Selection of appropriate tests	✓		
6.2 Interpretation of results (requirement)	✓		



St. Mary's
MISSION HOSPITAL
Compassion in Healthcare

Nairobi
P. O. Box 960 – 00517 Nairobi
Tel: +254 207851300
Email: info@stmmh.co.ke

VERSION 2	EVALUATION OF REFERRAL LABORATORIES FORM	DOCUMENT CONTROL NUMBER STMMHL-LOG 010	EFFECTIVE DATE 15/3/2021
-----------	--	---	-----------------------------

6.3 Are the lab staff courteous when communicating	✓		
Comments	Lab score	Section 6 total marks	
		12 marks	
7.0 Accreditation	YES	NO	N/A
7.1 Is the lab accredited? If so, state the accreditation body and status	✓		
Comments Accreditation body:- KENAS - Kenya Accreditation services.	Lab score	Section 7 total score	
		4 marks	
8.0 Cost	YES	NO	N/A
8.1 Is the cost of the test comparable with other labs offering the same service	✓		
Comments	Lab score	Section 8 total score	
		4 marks	
9.0 Personnel (Requirement)	YES	NO	N/A
9.1 Does lab have a qualified supervisor during all hours of operation?	✓		
9.2 Are the staff who perform the tests requested qualified to do so and are the staff who perform the tests requested assessed for competency on a regular basis	✓		
Comments	Lab score	Section 9 total score	
		8 marks	
10.0 Quality Management (QM) Activities	YES	NO	N/A
10.1 Does the lab have a Quality Manual that covers the tests requested?	✓		
10.2 Is there a process for remedial action when QC tolerance limits are exceeded? (Requirement)	✓		
10.3 Is the lab registered in an EQA program for the tests requested? Did the laboratory attain satisfactory results in the last EQA event? (mention the average score) (requirement)	✓		



St. Mary's
MISSION HOSPITAL
Compassion in Healthcare

Nairobi
P. O. Box 960 – 00517 Nairobi
Tel: +254 207851300
Email: info@stmmh.co.ke

VERSION 2	EVALUATION OF REFERRAL LABORATORIES FORM	DOCUMENT CONTROL NUMBER STMMHL-LOG 010	EFFECTIVE DATE 15/3/2021
-----------	--	--	--------------------------

10.4 Where EQA fails, does the Lab perform appropriate and timely corrective actions taken and documented? (requirement)	✓		
10.5 Does the lab perform documented user maintenance as required by the manufacturer for the equipment used for the tests requested and are the equipment used for tests requested serviced by qualified service engineers as per schedule? (requirement)	✓		
10.6 Are the methods used validated/verified that they meet the requirements of clients?	✓		
Comments	Lab score	Section 10 total score	
		24 marks	
11.0 Reputation	YES	NO	N/A
11.1 Will the laboratory provide a list of key clients for you to contact to check its reputation?	✓		
Comments	Lab score	Section 11 total score	
		4 marks	
12.0 Conflict On Interest	YES	NO	N/A
12.1 Are there any conflicts of interest political, financial or otherwise?		✓	
Comments			

Total referral laboratory score:

St. Mary's Mission Hospital Laboratory Manager

Name _____

Signature _____

Date _____

Referral Laboratory Manager

Name SR. ANNIE PANIKULAM

Signature SR. ANNIE PANIKULAM

Date 15/04/2021

CHILDREN OF GOD RELIEF INSTITUTE
NYUMBANI DIAGNOSTIC LABORATORY
ISO 15189 ACCREDITED
P. O. BOX 24970 - 00502 - NAIROBI
TEL: 0722539294/0731646883/0722201163