

# Republic of Kenya – Ministry of Health



## Laboratory (LAB) Register MOH 240

<b>County:</b>			
<b>Sub-County:</b>			
<b>Health Facility:</b>			
<b>KMHFL Code:</b>			
<b>Type:</b>		<b>Man. Agency:</b>	
<b>Start date:</b>		<b>End date:</b>	

*Revised: APRIL 2019*

The register is to be introduced in all Laboratory Centres / Health facilities

COLUMN		TITLE	DATA DEFINITIONS / EXPLANATIONS
A		Date	Date when the client visits the laboratory or the date specimen is delivered to the laboratory (Recorded as DD:MM:YYYY)
B		OPD / IP / Reference Number	Number on the patient or specimen laboratory test request form
C		Lab. Number	Number given to the patient on first visit to the laboratory (Given by the Laboratory Technician/Technologist before specimen is taken)
D		Re-visit number	Patient's existing number from the card
E		Full Names	At least <b>THREE</b> names of the patient should be recorded
F		Age in Years	<b>Actual</b> stated age of the patient expressed in figures/ numbers (Age must <b>NOT</b> be indicated in generic form e.g. 'A' - Adult or 'C'-Child)
G		Sex	Gender of the patient (Recorded as "M" for male and "F" for female)
H		County/ sub County	This refers to the clients residential County/Sub County
I		Village / Estate / Landmark	This refers to client's residential village / estate/Landmark
J		Telephone Number	This is the telephone contact for the patient or guardian to enable tracing or follow-ups
K		Clinical Diagnosis	Diagnosis given by the clinician based on patient's presentations of signs and symptoms before laboratory confirmation
L		Prior Treatment	Type of treatment given to the patient before collection and confirmation of specimen(s)
M		Type of Specimen	Type of specimen (E.g. blood, urine, stool etc)
N		Condition of Specimen	State of the specimen at the time of receipt in the laboratory
O		Investigation required	Investigation/test(s) required on specimen as stated by the requesting clinician
P		Date sample collected	Date when the specimen is collected (Recorded as DD:MM:YYYY)
Q		Date Sample received	Date when the specimen is received in the laboratory (Recorded as DD:MM:YYYY)
R		Clinician Name	Name of the clinician requesting for the investigation
S		Date Sample Analysed	Date the specimen is examined/tested (Recorded as DD:MM:YYYY).
T		Results	Outcome of the requested investigation /test
U		Date results dispatched	Date when results are released from or leave the laboratory
V		Amount charged	Total amount of fee charged for the services received in the laboratory or amount waived or exempted (For waivers or exemptions, indicate in the comments column)
W		Receipt number	Number on the receipt or invoice number given to the patient from the cash office
X		Referrals: 1=FROM other HF, 2=TO other HF, 3=To Reference Laboratories	Record the code as appropriate
Y		Comments	Any other remarks/comments pertaining to the patient/specimen deemed beneficial to the laboratory or facility (E.g. specify if amount charged is waived or exempted, etc.)
Z		Name of analysing Officer	Name of the person conducting the examination/test
AA		Signature	Signature of analysing/testing officer as endorsement to confirm that the analysing process has been carried out

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Page Summary							
Malaria Testing			Type of test		Referrals		
	Number			Number		Number	
	OPD	IP				Routine	Specialized
Malaria BS (Under five years)			No. of Routine tests		From Other HF		
Malaria BS (5 years and above)					To Other HF		
Malaria Rapid Diagnostic Tests (Under five years)			No. of Special tests		To Reference Laboratories		
Malaria Rapid Diagnostic Tests (5 years and above)							