

# **CERTIFICATE OF ACCREDITATION**

**ENTEBBE REGIONAL REFERRAL HOSPITAL**

**UGANDA**

**Co. Reg. No.: AHPC160919**

**ENTEBBE REGIONAL REFERRAL HOSPITAL  
LABORATORY**

Facility Accreditation Number: **M0693**

is a South African National Accreditation System accredited facility  
provided that all conditions and requirements are complied with

This certificate is valid as per the scope as stated in the accompanying schedule of accreditation,  
Annexure "A", bearing the above accreditation number for

**MEDICAL TESTING LABORATORY  
IMMUNOLOGY, PARASITOLOGY,  
SEROLOGY AND TUBERCULOSIS**

The facility is accredited in accordance with the recognised International Standard

**ISO 15189:2012**

The accreditation demonstrates technical competency for a defined scope and the operation of a  
quality management system

While this certificate remains valid, the accredited facility named above is authorised to  
use the relevant accreditation symbol to issue facility reports and/or certificates

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**Mr M Phaloane**  
**Acting Chief Executive Officer**

**Effective Date: 08 June 2020**  
**Certificate Expires: 07 June 2024**

ANNEXURE A  
**SCHEDULE OF ACCREDITATION**

Facility Number: **M0693**

**Permanent Address of Laboratory:**

Entebbe Regional Referral Hospital Laboratory  
 Wakiso Entebbe Municipality  
 P.O Box 29  
 Entebbe  
 Uganda  
 256

**Signatories:**

Signatories as authorised by the Head of Laboratory

**Postal Address:**

same as above

**Contact Person:**

Ms INGABIRE GLORIA

**Tel:** +256 755438662

**Issue No.:** 01

**Fax:** n/a

**Date of Issue:** 08 June 2020

**E-mail:** gloshinga@gmail.com

**Expiry Date:** 07 June 2024

| Discipline / Sample Type | Type of Tests                  | Equipment / Method |
|--------------------------|--------------------------------|--------------------|
| <b>Haematology</b>       |                                |                    |
| Whole Blood              | ABO Blood Grouping             | Manual Method      |
| Whole Blood              | CD4                            | FACS Presto        |
| Whole Blood              | Full Blood Count (FBC)         | Humacount          |
| Whole Blood              | Malaria Smears                 | Manual Method      |
| <b>Microbiology</b>      |                                |                    |
| Sputum, Urine            | HCG                            | GeneXpert          |
| <b>Serology</b>          |                                |                    |
| Serum                    | Cryptococcal Antigen           | Manual Method      |
| Serum                    | HIV                            | Manual Method      |
| Serum                    | Hepatitis B                    | Manual Method      |
| Serum                    | Rapid Plasma Reagin Test (RPR) | Manual Method      |

Original Date of Accreditation: 08 June 2020

ISSUED BY THE SOUTH AFRICAN NATIONAL ACCREDITATION SYSTEM

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**Accreditation Manager**