



Date.....

Our Ref: \_\_\_\_\_

Your Ref: \_\_\_\_\_

**APPLICATION FOR APPROVAL TO OPERATE A GOVERNMENT MEDICAL LABORATORY**

**PART 1**

TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS IN APPLICANTS OWN HAND WRITING

1. NAME OF LABORATORY/INSTITUTION.....

2. NAME/NAMES OF:

(a) MEDICAL OFFICER OF HEALTH ID/PP NO. ....

(b) DISTRICT MEDICAL LABORATORY TECHNOLOGIST ID/PP NO. ....

(c) PROVINCIAL MEDICAL LABORATORY TECHNOLOGIST ID/PP NO. ....

3. PERMANENT ADDRESS OF INSTITUTION

(a) Post Office Box \_\_\_\_\_ CODE \_\_\_\_\_ (i) Plot No. \_\_\_\_\_

(b) Telephone No. \_\_\_\_\_ (j) LR No. \_\_\_\_\_

(c) Cell Phone No. (If any) \_\_\_\_\_ (k) Town Center \_\_\_\_\_

(d) Fax No. \_\_\_\_\_ (l) Estate/Village \_\_\_\_\_

(e) E-mail \_\_\_\_\_ (m) County \_\_\_\_\_

(f) Road/ Street \_\_\_\_\_ (n) Province \_\_\_\_\_

(g) Premise Name/Bld \_\_\_\_\_ (o) Land mark \_\_\_\_\_

(h) Stand alone/ attached \_\_\_\_\_

4. DATE OF ESTABLISHMENT \_\_\_\_\_



(c) LEVEL OF THE INSTITUTION.

- (i) National (Level 6 )
- (ii) Reference Laboratory/Programs
- (iii) Provincial ( Level 5 )
- (iv) District ( Level 4 )
- (v) Sub district ( Level 3 )
- (vi) Health Centre ( Level 2 )
- (vii) Dispensary ( Level 1 )

7. FULL NAMES OF APPLICANT \_\_\_\_\_

8. SIGNATURE AND OFFICIAL STAMP OF THE INSTITUTION

\_\_\_\_\_

9. DATE OF APPLICATION \_\_\_\_\_

**PART II**

**DECLARATION BY APPLICANT**

(To be filled in Capital Letters)

I (FULL NAME)\_\_\_\_\_

Declare that:-

- (a) I am eighteen/over eighteen years old.
- (b) I am to the best of my knowledge in a physical and mental state of health to be able to carry out the responsibilities required of me by the profession.
- (c) I have not impersonated anybody on any issue related to the profession or otherwise.
- (d) I have not altered, falsified or uttered any document/(s) related to the profession or otherwise.
- (e) I am free from any criminal record/(s), conviction/(s) related to the profession or otherwise.
- (f) I am of good profession/ethical standing as required by the professional Code of Conduct and Ethics
- (g) I will at all times in the practice of my profession observe and strictly maintain Adherence to the provisions and requirements of the professional Code of Conduct and Ethics.

**PART III**

**FOR OFFICIAL USE ONLY**

(Delete whichever is not applicable)

RG \_\_\_\_\_

TS \_\_\_\_\_

Date of Application \_\_\_\_\_ Application No. \_\_\_\_\_

Date Application Received \_\_\_\_\_ Receipt No. \_\_\_\_\_

Approved/Not Approved \_\_\_\_\_ Serial No. \_\_\_\_\_

Date \_\_\_\_\_

**Approved by: Approved by:**

**NAME**

**SIGN**

**DATE**

Registrar \_\_\_\_\_

\_\_\_\_\_

Quality Assurance Chairman \_\_\_\_\_

\_\_\_\_\_

**NOTE: ONLY ORIGINAL COPIES WILL BE ACCEPTED**