

KMLTTB/MLSS/05




**REPUBLIC OF KENYA
MINISTRY OF HEALTH**



**KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
RENEWAL CERTIFICATE FOR MOBILE MEDICAL LABORATORY /
SHIPPING OF MEDICAL LABORATORY SPECIMENS**

Pursuant to the Medical Laboratory Technicians and Technologists Act (CAP 253

A Laws of Kenya)

 <p>KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD <i>Make Testing a Safe Reality</i></p>	APPLICATION FOR MOBILE MEDICAL LABORATORY / SHIPPING OF MEDICAL LABORATORY SPECIMENS		DOCUMENT CONTROL
	OWNER THE FORM	REGISTRAR	Serial: KMLTTB/MLSS/05 Revision No. 001 Revision Date: 6 th MARCH 2024

FILL THE FORM

TICK ONE AS APPROPRIATE			
MEDICAL LABORATORY COLLECTION FACILITY		MOBILE MEDICAL LABORATORY	
MEDICAL LABORATORY COLLECTING SPECIMENS			
KMLTTB REGISTRATION NUMBER		LOCATION	
P.O BOX ADDRESS		MOBILE NUMBER:	
NAME OF MEDICAL LABORATORY DIRECTOR/SUPERINTENDED		KMLTTB REGISTRATION NO:	
YEAR RENEWAL			
NAME OF MEDICAL LABORATORY TO RECEIVE SHIPPED MEDICAL LABORATORY SPECIMENS			
NAME:		KMLTTB REGISTRATION NUMBER	
REASONS FOR SHIPMENT OF MEDICAL LABORATORY SPECIMENS/ MOBILE MEDICAL LABORATORY SERVICES			
1. _____			
2. _____			
3. _____			
4. _____			

MODE OF SHIPPING:	UNMANNED AERIAL (DRONES)	MENTOR CYCLE	VEHICLES	TRAIN	AEROPLANES
Please provide details of registration numbers licenses and inspection report of all modes of shipment				Attached	Not attached
PERSONNEL INVOLVED IN SPECIMEN COLLECTION	NAME	KMLTTB REGNO	SIGN		
PERSONNEL INVOLVED IN SPECIMEN SHIPPMENT					
PERSONNEL INVOLVED IN MEDICAL LABAROTORY SPECIMEN AND INVESTIGATION IN THE SECONDARY LABORATORY					
PLEASE ATTACH THE FOLLOWING DOCUMENTS					
Application form duly filled	Yes	No	1. Prescribed Nonrefundable fee	Yes	No
Certificate of good conduct	Yes	No	2. Detailed inspection report of both primary medical laboratory (specimen collection centre) and secondary medical laboratory (recipient) Medical laboratory) a) Physical address b) KMLTTB Registration Number c) Contacts d) Phone e) Email		
Certified copy of search of business name (optional)					
Certificate of incorporation					
Documents clearly specifying controlling inters which the applicant lies.					