


The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR LAB SERVICES (CUEA/DVC ADM/INF/02)	SR. IN CHARGE
	NO. OF APPENDICES:
	6 (SIX) (A-F)
AUTHORIZATION This standard operating Procedure is issued under the authority of:	
TITLE	DVC ADMINISTRATION
SIGNATURE	
DATE	23 February 2011
ISSUE DATE	23 March 2011
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED
NOTE: <ol style="list-style-type: none"> 1. Write amendments on the page provided (Clause 0.2) 2. Controlled copies of this document will be in the DVC Administrations and the Sr. In Charge office 	

Revision	00		Date	18 – Jan 2011
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0. CONTENTS AND RECORD OF CHANGES

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0.2 RECORD OF CHANGES

No.	Date	Details of Changes		Authorization
	(dd-mm-yy)	Page	Clause/subclause	Title
1	19 May 2011	3	6.1,6.2,6.4,6.5	Sr. In Charge
2	16 June 2013		7.2,7.3,7.4 inclusion of appendices	Sr. In Charge

0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant function for authorized users.

1.0 .PURPOSE

To enhance efficiency in laboratory diagnostic services in the Infirmary


2.0 SCOPE

All patients seeking laboratory services at the Infirmary both referred and self requests.

3.0 .REFERENCES

- 3.1 University policies on medical insurance
- 3.2 Students Handbook
- 3.3 KMLTTB regulations

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3.4 CUEA Quality Management Manual

4.0 TERMS AND DEFINITIONS

4.1. Referral forms- Forms for referring patients to outside laboratories.

5.0 RESPONSIBILITIES

Sister in Charge shall have the overall responsibility to ensure this procedure is followed and adhered to.

6.0 METHOD

6.1 The technologist shall receive patients in the lab and determine the status of the patient.

6.1.1 If the request is from the Doctor, he/she shall receive specimen, process, report and record results in the Lab Register (CUEA/DVC ADM/INF/02/Reg 01) and forward report to Records Officer.

6.1.2. If the request is self, he/she shall receive specimen, direct patient to clear with the Records Officer and process the specimen, report and record results in the Lab register and forward the report to the Records Officer. The Records Officer shall compute the charges and issue Service Charge Sheet (CUEA/DVC ADM/INF/04/fm01) and direct the client to clear with Accounts Office.

6.2. The Records Officer shall receive the sealed reports and determine its status:


6.2.1 If from clinician or doctor, he/she shall take it to the appropriate requesting doctor.

6.2.2. If self request, he/she shall issue the results to the patient on production of receipt from accounts.

6.3. The Clinician/ Doctor shall receive the sealed results, review them and treat the patient. This shall follow procedure for treatment (CUEA/DVC ADM/INF/01)

6.4. The Lab Technologist shall maintain an up to date Laboratory Tests Price List (CUEA/DVC ADM/INF/02/L01). The list shall be available to the Records Officer.


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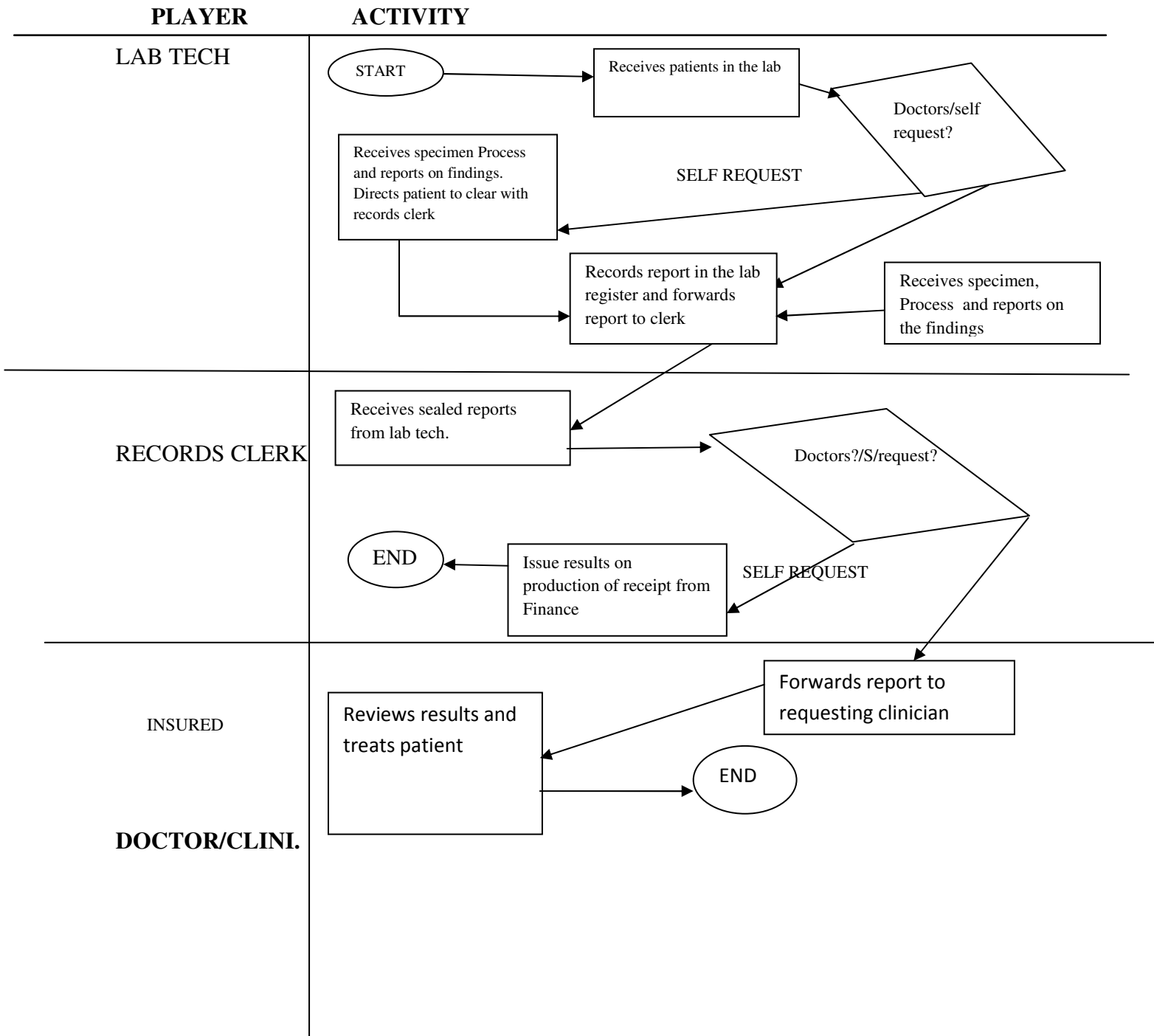
7.0 APPENDICES

- 7.1. Appendix A: Process Map
- 7.2. Appendix B: Lab Request Form
- 7.3. Appendix C: Referral Form
- 7.4. Appendix D: Lab Register
- 7.5. Appendix E: Laboratory Tests Price List
- 7.6. Appendix F: Service Charge Sheet


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Appendix A: Process Map



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Appendix B: Lab Request Form

P.O. Box 62157
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084



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Infirmery

LABORATORY REQUEST FORM

PATIENT'S NAME _____ AGE _____ SEX _____ DATE _____

REF DR _____

BRIEF CLINICAL HISTORY /MEDICATION _____

SPECIMEN (s) _____


TEST (S) _____

LAB REPORT:

LAB NO _____ EXAMINED DATE _____ TECHNOLOGIST _____

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Appendix C: Referral Form

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A. M. E. C. E. A

Infirmery

P.O. Box 62157
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084

REFERRAL FORM:

Name of Patient: _____

Age: _____ *Sex:* _____ *Date:* _____

Reasons for Referral: _____


Treatment Given: _____

Name of Doctor: _____

Signature: _____


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Appendix D: Lab Register

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Appendix E: Laboratory Tests Price List

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Appendix F: Service Charge Sheet



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A. M. E. C. E. A

Infirmary

SERVICE CHARGE SHEET

**P.O. Box 62157
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084**

TO: CREDIT CONTROLLER

RE: REG/ID NO:

The above named has been treated at the Infirmary.

The total Bill is Ksh.....

Please debit his/ her account.

Yours,

SR. IN CHARGE

INFIRMARY

CUEA/DVC ADM/INF/04/fm01

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