KMLTTB/MLSP/01





REPUBLIC OF KENYA MINISTRY OF HEALTH

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD APPLICATION FOR MOBILE MEDICAL LABORATORY / SHIPPING OF MEDICAL LABORATORY SPECIMENS

Pursuant to the Medical Laboratory Technicians and Technologists Act (CAP 253 A Laws of Kenya)



APPLICATION FOR MOBILE MEDICAL LABORATORY / SHIPPING OF MEDICAL LABORATORY SPECIMENS

OWNER THE FORM REGISTRAR

DOCUMENT CONTROL

Serial: KMLTTB/MLSP/01

Revision No. 001

Revision Date: 6^{th TH} MARCH 2024

	TICK ONE AS	APPROPRIATE								
MEDCICAL LABORATORY		MOBILE MEDCIAL LABORATORY								
COLLECTION FACILITY										
MDICAL LABORATORY	•									
COLLECTING SPECIMENS										
KMLTTB REGISTRATION			LOCATION							
NUMBER										
P.O BOX ADDRESS			MOBILE							
			NUMBER:							
NAME OF MEDICAL			KMLTTB							
LABORATORY			REGISTRATI							
DIRECTOR/SUPERITENDED			ON NO:							
NAME OF MEDICAL LABORATORY	TO RECEIVE SH	IIPPED MEDICAL L	ABORATORY SPE	CIMENS						
NAME:		KMLTTB REGISTRATION NUMBER								
REASONS FOR SHIPMENT OF MEDICAL LABORATORY SPECIMENS/ MOBILE MEDICAL LABORATORY SERVICES										
1										
2		-								
2										
3.		_								
4.										
		_								

MODE OF SHIPPING:	UNMANNED AERIAL (DRONES)			MENTO R CYCLE		VEHICLE S	TRAIN		AEROPLANI		ROPLANES
	(BRONES)										
Please provide details of registration numbers report of all modes of shipment			s licenses and inspection			spection	_	Attached			Not attached
PERSONNEL INVOLVED IN SPECIMEN COLLECTION		NAME		ŀ	KMLTTB REGN		NO SIGN		N		
PERSONNEL INVOLVED IN SPECIMEN SHIPPMENT											
PERSONNEL INVOLVED IN MEDICAL LABAROTORY SPECIMEN AND INVESTIGATION IN THE SECONDARY LABORATORY											
PLEASE ATTACH TI				DLLOWING	i D	OCUMEN [*]	TS				
Application form	Yes	No	1. Prescribed Yes						No		
duly filled Certificate of good conduct	Yes	No	Nonrefundable fee 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.											