




REPUBLIC OF KENYA  
MINISTRY OF HEALTH



**KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD  
APPLICATION FOR RECOGNITION AS AN IVDs VALIDATION AND VERIFICATION MEDICAL  
LABORATORY**

*Pursuant to the Medical Laboratory Technicians and Technologists Act CAP 253 A Laws  
of Kenya.*

**KMLTTB QUALITY ASSURANCE SERVICES**

	APPLICATION FOR RECOGNITION AS AN IVDs VALIDATION AND VERIFICATION MEDICAL LABORATORY		DOCUMENT CONTROL  Serial: KMLTTB/APL/ML/IVD/VAL/01
	OWNER THE FORM	REGISTRAR	Revision No. 001  Revision Date: 2 <sup>ND</sup> , JAN,2025



INDICATE AS APPROPRIATE			
NAME OF MEDICAL LABORATORY:			
MEDICAL LABORATORY KMLTTB REGISTRATION NUMBER AND CLSSIFICATION			
P.O BOX ADDRESS:		SUBCOUNTY:	
COUNTY:		MOBILE NUMBER:	
Sub county:		Land mark:	
NAME OF MEDICAL LABORATORY DIRECTOR/SUPERITENDENT:		KMLTTB REGISTRATION NO:	
NAME OF MEDICAL LABORATORY REAGENTS,EQUIPMENTS AND CHEMICALS (IVDs) MANUFACTURERS WHOSE PRODUCTS MAY BE VALIDATED IN THE FACILITY:			
NAMES:		KMLTTB REGISTRATION NUMBER	
REASONS FOR VALIDATION AND VERIFICATION OF IVDs:			
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>			



PERSONNEL INVOLVED IN MEDICAL LABAROTORY ANALYSIS AND INVESTIGATIONS IN THE MEDICAL LABORATORY:	NAME	KMLTTB REGNO	SIGN
1.			
2.			
3.			
PLEASE ATTACH THE FOLLOWING DOCUMENTS			
<ol style="list-style-type: none"> <li>1. Application form duly filled</li> <li>2. Prescribed Nonrefundable fee</li> <li>3. Certificate of good conduct</li> <li>4. Detailed inspection report of the medical laboratory (proposed validation and verification Centre).               <ol style="list-style-type: none"> <li>a) Physical address</li> <li>b) KMLTTB Registration Number</li> <li>c) Contacts</li> <li>d) Phone</li> <li>e) Email</li> </ol> </li> </ol>			

.....THE END.....

