



ALLIED HEALTH PROFESSIONALS COUNCIL

MINISTRY OF HEALTH P.O.BOX 7272, KAMPALA

TEL:0414345688,0776345688,0706345688, EMAIL: info@ahpc.ug;

Website: www.ahpc.ug

APPLICATION FOR REGISTRATION OF MEDICAL LABORATORIES

1. Lab in-charge's Name:
2. Registered Title of the Lab in-charge:
3. Registration Number:Registration date:
4. Name of Laboratory:
5. Owner of Laboratory:
6. Postal Address:
7. Tel No(landline)..... Mob :
8. Locality:Sub County:
Plot No.Street:
City/Town/TC: District:
9. Type of Laboratory: (Please Tick)
 - Clinical Laboratory/Medical Research Laboratory
10. Category of Laboratory: (Please Tick)
 - Laboratory in a Clinic/Health Centre
 - Laboratory in Hospital
 - Stand Alone/Reference Laboratory

Date:Name.....Signature:

Note: Please attach the following documents:

- Copy of Registration certificate and Current Annual Practicing license for lab in-charge
- Copy of final academic transcript for lab in-charge
- Copy of valid operational license if Lab is under a Clinic/Health Centre or Hospital

11. Contact the District Laboratory Focal Pearson (DLFP) for inspection and other details

FOR OFFICIAL USE ONLY

Recommendation from Office of the Registrar

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Name.....Signature: Date: