

GHANA HEALTH SERVICE
MONITORING AND SUPERVISION CHECKLIST FOR
DISEASE SURVEILLANCE
LABORATORY

I. General Information

Name of laboratory: _____

Location of Laboratory _____

Type of laboratory: 1= National
 2= Zonal
 3= Regional
 4= District
 5= Health Centre
 6= Other (describe) _____

Affiliation of the Laboratory 1=Public (Governmental)
 2= Private
 3= Academic institution (public or private)
 4= Quasi Government
 5= Other (describe) _____

How many days of the week does the laboratory operate? _____

What are the normal working hours of the laboratory? _____

Are off-hours emergency services available? (Y N)

Give the number of laboratory staff in each category:

Technologist _____
Technician _____
Lab Assistant _____
Clerical _____

State the number of staff with the following level of training for the of laboratory

In-house training (on-the-job) _____
Certificate _____
Diploma _____
Degree _____

Is the final report reviewed before it is sent to the requesting authority? (Y N)

If yes, by whom? (Circle all that apply.)

1. By technician performing the test
2. By another member of technical staff
3. By a supervisor
4. Other _____

How are specimens sent to a referral laboratory?

- 1= By messenger
- 2= by courier service
- 3= Other _____

Does the laboratory have any system for internal quality control?

(Y N)

If "yes" briefly describe

Does the laboratory have any system for external quality control?

(Y N)

If "yes" briefly describe

Are records of laboratory test results kept? (Y N)

Does the laboratory currently report on pathogens identified daily, weekly or monthly? If yes, indicate what is reported and to whom?

Periodicity of reporting	Yes / No	Pathogens reported	To whom
Daily			
Weekly			
Monthly			
Others			

Is there a safety manual or safety guide accessible to laboratory staff? (Observe)

(Y N)

What protective materials or clothing is regularly used in the laboratory. If yes(observe)

If no comment

Gloves (Y N)

Lab coats (Y N)

Safety glasses (Y N)

Face mask (Y N)

What methods are used for solid waste disposal?

1= Burial after disinfection

2= Incineration

3= Autoclave then discard in trash

4= Other (briefly describe)

Is the function of laboratory equipment routinely monitored and recorded?
(Such as checking temperatures of incubators, autoclave function, etc.) ? Observe
(Y N)

Are records kept of function tests? (Y N)

Does the laboratory have a system for regular monitoring of stocks, so that there is
warning if stocks are becoming low? (Y N) observe tally charts

II. Equipment and Supplies

Are reagents labeled with the date of preparation or opening? (Y N)

Are reagents regularly checked for proper functioning? (Y N)

Are function checks recorded and available in the laboratory? (Y N)

Name the company and source where most reagents and supplies are obtained?

Name _____ Source _____

Mark with Yes or No if items are available in the laboratory

Item	Yes		No
	Functional	Non functional	
Microscope with oil-immersion objective			
Slides and cover slips			
Scale or balance			
Candle jars			
Bacteriological loops and needles			
Calibrated loops (.01/.001 ml)			
Staining sink			
Bunsen burner, alcohol lamp/other burner			
Incubator (35-37C)			
Test tubes and racks			
Centrifuge			
Water bath			
Means of testing pH (meter or paper)			
Specimen transport containers (boxes or other)			
Vehicle for lab use for transport of specimens			
Distilled water (or other means for quality water)			
Autoclave or sterilization equipment			
Molecular biology equipment (electrophoresis, etc.)			
Written manual of laboratory procedures			
Written safety procedures			
Petri Dishes			
Diagnostic antisera			
Bacteriological culture media			
Antimicrobial susceptibility discs			
Computer for use in lab			

III. Laboratory Services

Diagnostic laboratory services offered (circle correct letter)

Bacteriology : (Y N)
 Virology: (Y N)
 Parasitology: (Y N)
 Mycology: (Y N)
 Serology/immunology (Y N)
 Molecular biology (Y N)
 Drug susceptibility tests (Y N)
 Haematology (Y N)
 Chemistry (Y N)

Circle all that are available in laboratory:

Electricity (Y N)
 Emergency back-up power (Y N)
 Running water (Y N)
 Gas (including bottled) (Y N)
 Air conditioner (Y N)
 Refrigeration (Y N)
 Freezing at -20°C (Y N)
 Freezing at -70°C (Y N)

Tick yes or no as appropriate and average number of test performed/month over 6 months.

Disease	Specimen type	Assay Performed	Yes	No	Number /month
Meningitis	CSF	a. Cell count			
		b. Latex agglutination.			
		c. Gram stain			
		d. Culture			
		e. Susceptibility			
	Blood	Blood Culture and tests c, d, e above			
Dysentery	Stool	Stool microscopy			
		Culture			
		Susceptibility tests			
Cholera	Stool	Stool microscopy			
		Culture			
		Susceptibility			
Tuberculosis	Sputum, CSF	Z-N			
		L-J Culture			
		Susceptibility			
Malaria	Blood	Thick & thin films			
		Microscopy			

IV. Additional Comments

Name of Laboratory Head or I/C _____
Contact Information:

E-mail _____ Fax _____ Tele _____