UNITED REPUBLIC OF TANZANIA



Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS | | | |
|---|---|--|--|
| Facility Name: | USAGARA | | |
| Common name: | Usagara Health Laboratory | | |
| Status: | Operating | | |
| Facility Code: | 113350-3 | | |
| Date Opened: | 2014-12-07 | | |
| Facility Type: | Level IA2 (Dispensary Laboratory) | | |
| Ownership: | Private, For Profit : BASHIR HAMIS MRISHO | | |
| Address: | Lake Zone-Mwanza Region - Misungwi District - Misungwi DC - Usagara - Usagara | | |
| Official Phone: | 0756835820 | | |
| Website: | | | |
| In-charge Qualification: | | | |
| Nearest Facility: | 112217-5 - EMMIVO Dispensary | | |
| CTC ID: | | | |
| MSD ID: | | | |
| MTUHA ID: | | | |

FACILITY SERVICES - USAGARA

| Service Category | Service Description | |
|--|--|--|
| Malaria Diagnosis and Treatment | Slide Microscopy | |
| Diagnostic Services | Laboratory | |
| Laboratory Service-Parasitology | Blood Smear for Haemoparasites | |
| Laboratory Service-Parasitology | Malaria Rapid Diagnostic Test (mRDT) | |
| Laboratory Service-Parasitology | Occult Blood | |
| Laboratory Service-Parasitology | Stool Analysis | |
| Laboratory Service-Parasitology | Urine Analysis | |
| Laboratory Service-Parasitology | Urine sedimentation | |
| Laboratory Service-Microbiology | Swabs for Wet | |
| Laboratory Service-Microbiology | Urine Test | |
| Laboratory Service-Serology | Hepatitis B Surface Antigen Rapid Test | |
| Laboratory Service-Serology | Hepatitis C Surface Antigen Rapid Test | |
| Laboratory Service-Serology | Rapid Tests | |
| Laboratory Service-Serology | RPR/ VDRL Rapid Test | |
| Laboratory Service-Serology | Syphilis (TPHA/TPPA) test | |
| Laboratory Service-Haematology and Blood Transfusion | ABO Blood Grouping | |
| Laboratory Service-Serology | Helicobacter pylori | |
| Laboratory Service-Haematology and Blood Transfusion | Sickle Cell Screening Test | |
| Laboratory Service-Haematology and Blood Transfusion | Syphillis antibody (Commercial kits) | |

| FACILITY EQUIPMENT - USAGARA | | | | |
|------------------------------|------------|----------------|----------------------|--|
| Equipment Name: | Functional | Not Functional | Under Maintenance | |
| Safety Box | 1 | 0 | 0 | |