

SOP Title	Medical Diagnostic Laboratory Unit		
SOP No:	NQSA/SOP/IGM/014		
Owner:	National Open University of Nigeria (NOUN)		
Approved By:	The University Senate		
Manager/Driver:	: Medical Diagnostic Laboratory Unit		
Date of Approval:			
Date of Next Review:	The date will be 3 years from the date of approval (to be		
	inserted after approval)		

## **Purpose**

To describe procedure for the investigation in the gastrointestinal infection, Antigen / Antibody reaction and to investigate bodily fluids, such as blood and urine to know where the body's chemistry has changed also genotype and blood grouping.

## **Medical Diagnostic Laboratory Unit Activities**

- 1. Diagnostic Services
- 2. Administrative Services
- 3. Accountant Services

## **Activities and Actions**

	Activity		Maximum Days to		
C/N	(Assigned Task)	Stone (Task Description)	Complete each Step	Action by (Name and ID number)	Expected Evidence of
<b>S/N</b> 1	Diagnostic Services	Steps (Task Description)  1.PRE-ANALYTICAL STEP (patient's profile) Filling of patient information form by the patient (name, age, sex and type of test to run).  2. ANALYTICAL STEP (Collection of blood sample and conducting the test.	90 Days  90 Days	and ib number)	List of persons attended to by their clinic registration numbers (please no name of staff ID), type of medical attention, medication received, referrals if any, date.
		3. POST ANALYTICAL  (Filled Result form, checked and sign by Head, Medical Lab and dispatched)	90 Days		
2.	Office	Receiving of Memos.	90 Days		1. List of memos received and
	Administration	2. Printing of Results Forms.	90 Days		send out with dates.  2. List of meetings held with dates.
		3. Recording of Unit's Meetings.	90 Days		
		Make and receives appropriate referrals where necessary.	90 Days		List of referrals received or given out by clinic registration number, purpose of referral, place of referral, and date.
		Demonstrate health     awareness, where necessary     to the University Community.	90 Days		<ol> <li>List of workshops or symposiums held to provide health awareness to the university community.</li> <li>Feedback from participants.</li> </ol>

S/N	Activity (Assigned Task)	Steps (Task Description)	Maximum Days to Complete each Step	Action by (Name and ID number)	Expected Evidence of completed Activity (Task)
3.	Accountant Services	Collation of monthly test fee     and retiring the correct amount     through remita to the     university account.	90 Days		<ol> <li>The budget and budget implementation report for the period under review.</li> <li>Report on retirements.</li> </ol>
		Preparing monthly upkeep and laboratory supplies.	90 Days		

## **Team of Developers**

- 1. Medelyn Obieze
- 2. Igoru Abel