

Private Diagnosis Business (Laboratory)

1. Applicant's Name _____
 2. Citizen's Scrutinizing Card No. _____
 3. Name of the Business and Address _____

 4. Land Area of the Business (Length x Width) (describe in Feet/Acre) _____

 5. Area of the Business (Length x Width x Height) (describe in Feet) _____

 6. Formation of structure, rooms and areas of the Business (Attach with separate sheet)(Length x Width x Height) (describe in Feet)
 7. Available Laboratory Tests (Describe separately)
 - (a) Preliminary Test (Urine, Stool and Bacteria test by Microscope)(ESR, HB, CP)
 - (b) Specialized Test (Hematology, Clinical Biochemistry, Microbiology and Histopathology)
 8. Preparation for Medical Records Yes./No. _____
 9. Source of Drinking Water and Utility Water (Artesian Well | City Water Supply, etc.)

 10. Enough source of water Yes./No. (Average available water gallon per day) _____

 11. 24 Hours Electricity Availability Yes./No. (Arrangement) _____
 12. Sewage System (Flushed Toilet, Drain Toilet) _____
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13. Garbage management system Yes./No. (e.g – Burning Machine, City Development Arrangement and other arrangements)

14. Arrangement for the Patients

(a) Reception Area _____

(b) Waiting Area _____

(c) Privacy for Patients _____

(d) Sampling Room for Lab Test _____

15. Infection control system Yes./No. _____

16. Availability of other Diagnostic Activities

(If Yes, apply separately)

17. Storage system of Reagents (Describe with Photos) _____

18. Arrangements of Emergency Medicines Yes./No. _____

19. Planning for Quality Control Yes./No. _____

20. Challan No. and Date for Payment of License Fee _____

21. Recommendation of City Development Committee for the Building Yes./No. _____

(If Yes, attach herewith)

22. Receive Prior Permission Yes./No. _____

23. Previously Operated Yes./No. (if Yes.) _____

Month/Year of Opening _____

Approved Organization/ Evidence _____

Expiry Date _____

24. Fire Safety System Yes./No. _____

(If Yes, submit the prevention arrangement)

25. Responsible Personnel at the Laboratory _____

(a) Name of Responsible Person _____

(b) Specialists () No.

(c) Nurses/Midwives () No.

(d) Lab Technicians () No.

(e) Para-medic () No.

(f) Other Staff () No.

(To fill the personal information at the CV Form for each and every person.)

26. Please describe any additional information

Signature of Applicant: _____

Name: _____

Contact Telephone: _____
