

STANDARD ASSESSMENT FORM FOR PG COURSES

SUBJECT – LABORATORY MEDICINE

INSTRUCTIONS FOR DEANS/PRINCIPALS AND ASSESSORS

1. Please read the Standard Assessment Form (SAF) carefully before filling. You will **NOT** be allowed to make any changes in the Data after it has been submitted.
2. Do **NOT** leave any section of the SAF or part thereof unanswered. Incompletely filled up forms shall be summarily rejected without any intimation to the college/institution.
3. Do **NOT** edit or modify any part of the SAF. Tampering with the format of these forms will render your submission invalid.
4. Do **NOT** attach Annexures or enclosures. All the information furnished should be in the appropriate sections of the SAF. Annexures and Enclosures will **NOT** be considered.
5. Do **NOT** attach experience certificates with SAF. It is mandatory to submit Experience certificate/s issued by the competent authority from place/s of work (from the office of the DGAFMS in case of personnel of the Indian armed forces) along with the Faculty declaration forms, failing which information about work experience will not be considered.
6. In case of faculty/residents with DNB qualification, full Name of the hospital/institution where DNB training was obtained and year of passing should clearly be mentioned failing which they shall **NOT** be considered. Merely mentioning National Board of Examinations, New Delhi, shall not suffice.
7. The Dean/Principal is responsible for filling up the entire form and signing at appropriate places.
8. If promotions are after the cut-off dates (21/07/2013 for Professors; 21/07/2014 for Associate Professors) and benefit of publications has been given in promotion before the cut-off dates, list the publications immediately below the name of faculty in the format: Title of Paper, Authors, Citation of Journal, details of Indexing in the faculty table. Photocopies of published articles should be attached with the Faculty declaration forms failing which they will not be considered. Please provide details of full/original articles ONLY. Case reports, review articles and abstracts shall **NOT** be considered.
9. Do **NOT** use abbreviations for names of Medical Colleges in the SAF and Declaration Forms.

INSTRUCTIONS FOR ASSESSORS:

10. Please follow all instructions carefully. Instructions marked **NOTE:** are repeated in various sections of the SAF to ensure compliance for the sake of consistency and uniformity.
11. Only Faculty members and Resident doctors who sign the attendance sheet by 11:00 A.M., present themselves for subsequent verification and are found eligible must be considered. In addition, all those who are on NMC permitted leave, or on NMC/Court duties are to be considered. Please ensure that signatures of faculty members and resident doctors are obtained in the Faculty table.
12. OPD attendance up to 2:00 P.M. and Bed occupancy till 10:00 A.M. must be considered, without any exceptions. Please adhere to instructions regarding time very strictly.
13. Data for Radiodiagnosis investigations, Central Clinical Laboratories, Blood Bank etc., entered in the SAF must be verified with physical records/registers.
14. Information regarding Births and Deaths to be verified from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.
15. Assessors may write confidential remarks not shown in the assessment report on the page marked "Remarks of Assessor". Do **NOT** send/attach separate confidential letter/s.

Signature of Dean

Signature of Assessor

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES
(LABORATORY MEDICINE)

1. Name of Institution: _____
NMC Reference No.: _____

2. Particulars of the Assessor: _____ Date of Assessment __/__/____.

Name	Residential Address (with Pin Code)
Designation.....
Specialty.....
Name & Address of Institute/College	Phone No. (Off)(Res)
.....	(Fax).....
.....	Mobile No.
.....	E-mail:

3. Institutional Information:

A. Particulars of the Institution/College

Institution/College		Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone Nos. Office Residence Fax				
Mobile No.				
E-mail				

B. Particulars of Affiliating University

University		Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone Nos. Office Residence Fax			
Mobile No.			
E-mail:			

Signature of Dean

Signature of Assessor

SUMMARY

Date of Assessment: __/__/____. Name of Assessor: _____

Name of Institution (Govt./Pvt.)	Director / Dean / Principal (Whosoever is Head of the Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Discipline/Subject	

Department inspected	Head of Department	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	

3 (a) Number of UG seats	Recognized (Year:)	Permitted (Year:)	First LOP date when MBBS course was first permitted
3 (b) Date of last assessment for	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total Teachers available in the Department:

Designation	Number	Name	Total teaching experience	Benefit of publications in promotion
Professor				
Addl/Assoc Professor				
Asst Professor				
Senior Resident				

Note: Only those who are physically present to be considered.

Signature of Dean

Signature of Assessor

5. Clinical workload of the Institution:

Particulars	Entire Hospital	
	On Day of Assessment	Avg of 3 Days Random
OPD attendance up to 2:00 P.M.		
Total number of new admissions		
Total Beds occupied at 10:00 A.M.		
Total no. of Required Beds		
Bed Occupancy at 10:00 A.M. (%)		
No. of Major Operations		
No. of Minor Operations		
No. of Day Care Operations		
Total no. of Deliveries		
Total no. of Caesarean Sections		
Total no. of Deaths		
Casualty attendance		

- Note:
- i. OPD attendance to be considered only up to 2:00 P.M. and Bed occupancy till 10:00 A.M.
 - ii. Verify data from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.

6. Investigative Workload of entire hospital.

Particulars		Entire Hospital	
		On day of assessment	Avg of 3 random days
Radio-diagnosis	MRI		
	CT		
	USG		
	Plain X-rays		
	IVP/Barium etc.		
	Mammography		
	DSA		
	CT guided FNAC		
	USG guided FNAC		
	Any other		
Pathology	Histopathology		
	Cytopathology		
	Hematology		
	Others		
Biochemistry			
Microbiology			
Units of blood consumed			

- Note:
- i. Data to be verified with physical records/registers for Radiodiagnosis, Central Clinical Laboratory and Blood Bank.

Signature of Dean

Signature of Assessor

7 Are the following facilities / sections available in the Department of Laboratory Medicine or are these distributed over different Departments / sections / central facilities?

Sl No	Facility/ Section	Location	Controlling Authority & Department
7.1	Body Fluids Examination		
7.2	Clinical Chemistry		
7.3	Hematology		
7.4	Microbiology		
7.5	Immunology		
7.6	Transfusion Medicine		
7.8	Molecular Biology		
7.9	Histopathology & Cytopathology		
7.10	Any other		

- i. In case these are located in other departments/ areas and NOT under the control of the Department of Laboratory Medicine, this should be recorded
- ii. If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed.
- iii. Please enclose undertakings from the Controlling Authorities of other Departments wherever applicable indicating that for purpose of training Postgraduates there is adequate rotation and hands-on experience opportunities
- iv. OUTSOURCED Investigations if any must be listed separately indicating the outsourced agency

8. Investigations received by the Department of Laboratory Medicine (past 3 calendar years).

Nature of Investigations	Year I			Year II			Year III (Past year)		
	OPD	IPD	Outside	OPD	IPD	Outside	OPD	IPD	Outside
Body Fluids									
Hematological									
Clinical Chemistry									
Clinical Microbiology									
Immunology									
Molecular Biology									
Transfusion related									
Any other									

- i. Calendar year: 1st January to 31st December of the year considered
- ii. IPD means total number of patients admitted (Not total occupancy of the year)
- iii. *Incase any test is done in other stand alone Departments such as Microbiology / Hematology or in central facilities such as Blood Bank which may be under the Department of Pathology or Central Molecular Biology facilities, this must be mentioned
- iv. OUTSOURCED Investigations if any must be listed separately indicating the outsourced agency

Signature of Dean

Signature of Assessor

9. Types of Investigations done in the Department of Laboratory Medicine (past 3 calendar years).

Nature of Investigations	Year I			Year II			Year III (Past year)		
	OPD	IPD	Outside	OPD	IPD	Outside	OPD	IPD	Outside
Urine & Stools Exam									
Body Fluids incl. CSF									
Hemogram									
Bone Marrow*									
Blood Sugar (Random, Fasting & Postprandial)									
Liver Function Tests									
Renal Function Tests									
Lipid Profile									
Serum Electrolytes									
Grams Staining									
Sputum for AFB									
Bacteriological Cultures*									
ANA*									
Blood Grouping*									
Blood Cross-matching*									
PCR if any*									
Others if any									

- i. Calendar year: 1st January to 31st December of the year considered.
- ii. IPD means total number of patients admitted (Not total occupancy of the year)
- iii. If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed OUTSOURCED investigations may be listed separately

10. Samples received and reported in the Department of Laboratory Medicine on day of Assessment:

Nature of samples	OPD	IPD	Outside
Body Fluids			
Blood for Hematological Investigations			
Bone Marrow			
Blood / Serum for Clinical Biochemistry			
Samples for Microbiology Tests			
Samples for Immunology Tests			
Transfusion Medicine related Tests			
Samples for PCR			
Any other Tests			

11. Nature of Diseases reported in the Department of Laboratory Medicine on day of Assessment:

Nature of Diseases evaluated/ reported	OPD	IPD	Outside
Emergency/ Casualty cases			
Pediatric cases			
Adult cases			
Urinalysis			
Stools for Ova and Cysts			
Stool for Occult Blood			

Signature of Dean

Signature of Assessor

Nature of Diseases reported / Tests Reported * in the Department of Laboratory Medicine on day of Assessment (contd. from previous page):

Nature of Diseases evaluated/ reported	OPD	IPD	Outside
Body Fluids incl. CSF			
Hemogram			
Bone Marrow*			
Blood Sugar (Random, Fasting & Postprandial)			
Liver Function Tests			
Renal Function Tests			
Lipid Profile			
Serum Electrolytes			
Grams Staining			
Sputum for AFB			
Bacteriological Cultures*			
ANA, RF, CRP *			
Blood Grouping*			
Blood Cross-matching*			
PCR if any*			
ELISA for investigations other than any above			
Protein Electrophoresis			
Others if any			
Quality Control Charts	Available		Not Available

** If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed. OUTSOURCED investigations must be listed separately*

12. Publications from the department during the past 3 years:

(Only original articles published in indexed journals are to be accepted. Case reports, abstracts and review articles are not to be included).

Signature of Dean

Signature of Assessor

13. Blood Bank

License valid	Yes / No
Blood component facility available	Yes / No
Number of units stored on the day of Assessment	
Average number of units consumed daily (entire hospital)	

14. Specialized services provided by the department: Adequate / not adequate

15. Specialized equipment available in the department: Adequate / Inadequate

16. Space (Offices, Teaching areas) Adequate / Inadequate

17. Library:

Particulars	Central	Departmental
Number of Books pertaining to Laboratory Medicine		
Number of Journals		
Latest journals available up to		

18. Emergency/Casualty: Number of Beds: _ _ _ Available equipment: _ _ _ Adequate / Inadequate

19. Common facilities:

1. Central supply of Oxygen / Suction:

Adequate / Not adequate
2. Central Sterile Supply Department

Adequate / Not adequate
3. Laundry services:

Adequate/Not adequate
4. Dietary services

Adequate/Not adequate
5. Bio-Medical Waste disposal

Outsourced / any other method
6. Generator facility

Adequate / Not adequate
7. Medical Record Section:

Computerized / Non computerized
8. ICDX classification

Used / Not used

20. Accommodation for staff: Adequate / Not adequate

21. Hostel accommodation:

Detail	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
Number of Students						
Number of Rooms						
Status of Hygiene/Cleanliness						

22. Total number of PG seats

	Recognized seats	Date of recognition	Permitted seats	Date of permission
Degree				

Signature of Dean

Signature of Assessor

23. Year wise PG students admitted (in the department inspected) during the preceding 5 years and available number of PG teachers.

Year	Number of PGs admitted	Number and Names of PG Tea hers available

24. Other PG courses run by the Institution.

Course Name	No. of seats	Department/s
DNB		
M.Sc.		
Others		

25. Stipend paid to the PG students, year-wise:

Year	Stipend in Govt. Colleges paid by State Govt.	Stipend paid by the Institution*
1 st Year		
2 nd Year		
3 rd Year		

* Stipend shall be paid by the institution as per Government rates shown above.

26. List of Departmental Faculty appointed / relieved after the last Assessment:

Designation	Number	Names of faculty members	
		Appointed	Relieved
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

27. Faculty deficiency, if any

Designation	Numbers available	Numbers required	Deficiency, if any
Professors			
Associate Professors			
Assistant Professors			
Senior Residents			
Junior Residents			
Tutors/Demonstrators			
Any Others			

* Faculty Attendance Sheet duly signed by concerned faculty must be handed over to the Assessors.

Signature of Dean

Signature of Assessor

ii. **REMARKS OF ASSESSOR**

1. Please **DO NOT** repeat information already provided elsewhere in this form.

2. Please **DO NOT** make any recommendation regarding grant of permission/recognition

3. Please **PROVIDE DETAILS** of irregularities that you have noticed/ come across, during the assessment, like fake/dummy faculty, fake/ dummy patients, fabrication/ falsification of data of clinical material etc. if any.

Signature of Dean

Signature of Assessor

PART – I
(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal:
(Whosoever is the Head of the Institution)

Name: _____ Age: ___ (Date of Birth) __/__/____.

PG Degree	Subject	Year	Institution	University
Recognized (or) Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total experience
Assistant Professor				
Assoc Professor/Reader				
Professor				
Any Other		Grand Total		

2. Central Library

- a) Total number of Books in library: ____
b) Books pertaining to Pathology: ____
c) Purchase of latest editions of books in last 3 years: Total: ___ Pathology books: ____ .
d) Journals:

	Total number	Pathology
Indian		
Foreign		

- e) Year / Month up to which latest Indian Journals available: _____.
f) Year / Month up to which latest Foreign Journals available: _____.
g) Internet: Available / Not available
h) Library opening times: _____.
i) Reading facility out of routine library hours: Available / Not available
(Obtain a list of books & journals related to Pathology duly signed by Dean)

3. Casualty/ Emergency Department

Particulars	Numbers / relevant details
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	Available / Not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

Signature of Dean

Signature of Assessor

4. Blood Bank

(i)	Valid License	Yes / No	Verified / Not verified
(ii)	Blood component facility available	Yes / No	Verified / Not verified
(iii)	All Units tested for Hepatitis C, B, HIV	Yes / No	Verified / Not verified
(iv)	Nature of Storage facilities (as per specifications)	Yes / No	Verified / Not verified
(v)	Number of Units available on Assessment day		Verified / Not verified

(vii) Average number of units utilized daily and on the day of the assessment in the entire hospital (various specialty wise distribution)

Average daily utilization	Utilization on the day of assessment	Verified / Not verified

5. Central Research Lab: Yes / No
- a) Administrative control:
 - b) Staff:
 - c) Equipment:
 - d) Workload:

6. Central Laboratory:
- Controlling Department:
 - Working Hours:
 - Investigative workload:

Investigations	On Assessment day	Average (monthly)
a. Histopathology		
b. Cytopathology		
c. Hematology		
d. Post-mortem		
e. Others		

7. Central supply of Oxygen/Suction: Available / Not available
8. Central Sterile Supply Department Adequate / Not adequate
9. Bio-Medical Waste Disposal Outsources / any other method
10. Generator facility: Available / Not available
11. Medical Record Section: Computerized / Non computerized
- ICDX classification Used / Not used

12. Number of Clinical autopsies/post-mortems done during the last one year: _ _ _.

13. Are the following departments separate:
- (a) Pathology Yes / No.
 - (b) Hematology Yes / No.
 - (c) Microbiology Yes / No.
 - (d) Transfusion Medicine Yes / No.
 - (e) Molecular Biology Yes / No.

If Yes, are Laboratory Medicine PG students posted there for training: Yes / No.

Signature of Dean

Signature of Assessor

14. Are any of the facilities of the College/Hospital outsourced?

Yes / No

If yes, list the facilities that are outsourced:

15. Recreational facilities:

Available / Not available

16. Hostel accommodation:

Detail	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
Number of Students						
Number of Rooms						
Status of Hygiene/Cleanliness						

17. Residential accommodation for Staff / Paramedical staff:

Adequate / Inadequate

18. Ethics Committee (Constitution):

19. Medical Education Unit (Constitution)

(Specify number of meetings held annually)

PART – II
(DEPARTMENTAL INFORMATION)

1. Department inspected: **LABORATORY MEDICINE**
2. Particulars of HOD

Name: _____ Age: ____ (Date of Birth) __/__/____.

PG Degree	Subject	Year	Institution	University
Recognized (or) Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total experience
Assistant Professor				
Assoc Professor/Reader				
Professor				
Any Other		Grand Total		

3. Purpose of Present Assessment: Grant of Permission/ Recognition/ Increase of seats /
Renewal of recognition/Compliance Verification
4. Date of last MCI/NMC Assessment of the department: _____
(Write Not Applicable for first NMC Assessment)
5. Purpose of Last Assessment: _____
6. Result of last Assessment: _____
7. Mode of selection (actual/proposed) of PG students:
8. If course has already started, year-wise number of PG students admitted, and number with names of available PG teachers in the department during the last 5 years:

Year	No. of PG students admitted		Number and Names of PG Teachers available
	Degree	Diploma	

9. Departmental General facilities:
Total number of Laboratories in the department:

Particulars	Clinical Biochem	Clinical Path	Hematol	Micro	Seminar room	Demo room	Any other lab.
Size (Area)							
Capacity							
Water Supply							
Sinks							
Electric points							
Cupboards*							
Equipment List							

* For storage of Microscopes, slides etc.

Signature of DeanSignature of Assessor

10. Teaching and Resident Staff:

No.	Designation	Name with Date of Birth	Full time/ part time/ Honorary	PAN No. TDS deducted	PG Qualification			Experience Date wise teaching experience with designation & Institution						Signatures (Faculty)
					Subject/ Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* Whether benefit of publications given Yes/No – List papers	

Note:

- i. **FILL ALL COLOUMNS. Do NOT modify any part of the above table. Tampering with the format of the table will render your submission invalid.**
- ii. **If BENEFIT OF PUBLICATION HAS BEEN GIVEN**, list only original articles in indexed Journals published during the period of assessment for promotion here. Annexure will NOT be considered.
- iii. In case of persons with DNB qualifications, the name of the hospital/institution where DNB training was obtained and the year of passing should clearly be mentioned failing which she/he shall NOT be considered. Merely mentioning National Board of Examinations, New Delhi shall not suffice.
- iv. Experience of Defense services personnel must be supported by certificate/s from the competent authorities of the office of the DGAFMS, to be attached with the Faculty declaration forms failing which it shall not be considered.

I have verified the eligibility of all faculty members for the posts they are holding **based on experience certificates issued by competent authorities of their place of working**. The details of their working and teaching experience while holding different Designations is furnished in the table above.

Institutional TAN No:

Signature of Dean

Signature of Assessor

11. Have any of these faculty members been considered in PG/UG Assessment at any other college or for any other subject in this college or other colleges in the past 2 years? If yes, give details.

Date of assessment	Subject	Institution

12. List of Departmental Faculty members appointed / relieved after the last Assessment:

Designation	Number	Names of faculty members	
		Appointed	Relieved
1. Professor			
2. Associate Prof.			
3. Assistant Prof.			
4. SR/Tutor/Demons.			
5. Others			

13. List of Non-teaching Staff in the department:

Sl.No.	Name	Designation

14. Teaching Facilities/areas available:

Area	Number	Size	Seating capacity
Seminar Rooms			
Demonstration Rooms			
Others			

15. Departmental Library:

Total No. of Books	
Purchase of latest editions in past 3 years	
Number of Journals	

16. Departmental Research Lab.

Space	
Equipment	
Research projects utilizing Research lab	1. 2. 3.

Signature of Dean

Signature of Assessor

17. Departmental Museum (Wherever applicable).

Space	
Number of specimens	
Number of charts / diagrams	

18. Office Space / Accommodation:

Department Office	
Space (Adequate)	Yes/No
Staff (Steno /Clerk)	Yes/No
Computer/ typewriter	Yes/No
Storage space for files	Yes/No
Telephone / Intercom	Yes/No

Office Space for Teaching Faculty*	
Head of the Department	Yes /No / Inadequate
Professors	Yes /No / Inadequate
Associate Professors	Yes /No / Inadequate
Assistant Professor	Yes / No / Inadequate
Residents	Yes /No / Inadequate

* Strike out whichever are not applicable

19. Clinico-Pathological Conferences (CPCs) participation: Yes / No

(If yes, provide numbers with dates)

20. Details of data being submitted to Govt. / National authorities, if any:

21. Hospital workload:

(a) Entire hospital

Particulars	Year 1	Year 2	Year 3
OPD Attendance			
Inpatient Admissions			
Emergency Attendance			
Total			
Daily Average*			
OPD Attendance			
Inpatient Admissions			
Emergency Attendance			
Blood Transfusions			
Adult			
Pediatric			
Total			

(Past Year)

*The total workload needs to be assessed from the Hospital Records

Signature of Dean

Signature of Assessor

(b) Samples received by the Department of Laboratory Medicine during the last three years.

Nature of Samples	Year I			Year II			Year III (Past year)		
	OPD	IPD	Outside	OPD	IPD	Outside	OPD	IPD	Outside
Body Fluids									
Blood for Hematological Investigations									
Bone Marrow									
Blood / Serum for Clinical Biochemistry									
Samples for Microbiology Tests									
Samples for Immunology Tests									
Transfusion Medicine related Tests									
Samples for PCR									
Any other Tests									

(c) Nature of Diseases / Tests Reported in the Department of Laboratory Medicine (past 3 calendar years).

Nature of Disease/ Tests Reported	Year I			Year II			Year III (Past year)		
	OPD	IPD	Outside	OPD	IPD	Outside	OPD	IPD	Outside
Protein/ Sugars									
Microscopy									
Ova / Cysts in Stools									
Occult Blood in stools									
Ascitic Fluid Analysis									
Pleural Fluid Analysis									
Semen Analysis									
CSF Analysis									
Anemias									
Leukemias									
Platelet Disorders									
Blood Sugars									
Liver Function Tests									
Renal Function Tests									
Lipid Profile									
Serum Electrolytes									
Quality Control Charts for Biochemical Tests									
Grams Staining									
Sputum for AFB									
Bacterial Cultures									
Bacterial Antibiotic Sensitivity									

Signature of Dean

Signature of Assessor

Nature of Diseases / Tests Reported in the Department of Laboratory Medicine (past 3 calendar years) (Contd from previous page)

Nature of Disease/ Tests Reported	Year I			Year II			Year III (Past year)		
	OPD	IPD	Outside	OPD	IPD	Outside	OPD	IPD	Outside
Blood Grouping									
Blood Cross-matching									
Positive ANA, RF,CRP									
ELISA for other tests									
Serum Electrophoresis									
PCR									
Any other Test									

** If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed.*

22. Equipment: List of important equipment available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)

Equipment	Numbers / functional status / comments
Automated blood cell counter with 5 part differential	
Coagulation analyzer	
ESR measuring system/Analyzer	
Fully automated Clinical biochemistry Autoanalyzer	
Spectrophotometer	
Electrolyte analyzer, Ion Selective Electrodes	
Blood gas analyzer	
Electrophoresis apparatus with Power Supply unit	
Microbial Culture System	
Facility for drug sensitivity in microbiology lab	
Autoclave	
BOD Incubator	
TB culture & sensitivity system	
Bio safety Level II cabinet	
ELISA reader and Washer	
Urine analysis system	
Binocular microscopes with facility for dark field, phase contrast and bright field, Fluorescence microscope,	
-20 ⁰ C and -80 ⁰ C deep freezer	
Refrigerated centrifuge	
Thermocycler/ Real time PCR system	
Gel Doc	
Table top centrifuge	

Signature of Dean

Signature of Assessor

Equipment: List of important equipment available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached) (Contd from previous page)

Equipment	Numbers / functional status / comments
Water bath/Dry bath	
Incubator	
Semiautomated biochemistry analyser	
Electronic balance	
pH Meter	
Colorimeter	
Refrigerator	
Refractometer	
Vortex mixer	
Cyclomixer	
Auto pipettes and auto dispensers	
Distillation Plant/Deioniser Plant/RO System/ water purifier system	
Microwave oven	
Hot air oven	
Desirable Major Equipments	
4-5 Colour Flow cytometer	
HPLC	
Chemiluminescence analyser	
Gene Sequencer	
Platelet function/ aggregation analyser	
LAMP Assay/ Equipment	

3. Any other special facility or service provided by the department: Yes / No
If yes, list the facilities / services here:

4. Are any departmental clinical / investigative services outsourced: Yes / No
If yes, list the services that are outsourced here:

5. Details of Blood Bank Facilities (equipment and workload):
(a) Component separation facilities in Blood Bank: Yes / No.
(b) Testing facilities including NAT Testing for HIV/HBV/HCV Yes / No.

6. Facilities for Practical /Research.
– Facilities for theory & practical classes for UG students as per NMC recommendations:
Yes / No
– Facilities to carry out additional classes and practical at PG level.
Yes /No
– Laboratories and other facilities for conducting research.
Yes /No

Signature of Dean

Signature of Assessor

7. Different sections in the Department of Laboratory Medicine:

Section	Area (M ²)	Equipment available
(a) Body Fluids		
(b) Clinical Chemistry		
(c) Hematology		
(d) Microbiology		
(e) Immunology		
(f) Transfusion Medicine		
(g) Molecular Biology		
(h) Histopathology & Cytopathology		
(i) Any other		

3. Fluids*: (Number of samples per year):

- (a) Urine:
 - i. Routine: ---
 - ii. Special: ---
- (b) Semen:
 - i. Routine: ---
 - ii. Special: ---
- (c) CSF: ---
- (d) Sputum: ---
- (e) Other body fluids: ---
- (f) Urine Pregnancy Test: ---
- (g) Cytology of Fluids: ---

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

4. Clinical Pathology*:

- (a) Number of samples per year
 - (i) Emergency samples: ---
 - (ii) Blood Sugar (Random, Fasting, Postprandial): ---
 - (iii) Liver Function Tests: ---
 - (iv) Renal Function Tests: ---
 - (v) Lipid Profile: ---
 - (vi) Serum Electrolytes: ---
 - (vii) Chemical Analysis of Body Fluids: ---
 - (viii) Tumour Markers (if any): ---
 - (ix) Any other test: ---

(b) Does the Department have adequate facilities for the following: Yes / No

- (i) Manual method of estimation of sugar, urea, bilirubin, protein (total and fractional), creatinine, cholesterol, uric acid, amylase, acid and alkaline phosphatases,
- (ii) Automated methods of estimation of: a) above substances b) SGOT, SGPT, LDH, CPK, Calcium, Phosphate.
- (iii) Measurement of blood pH & arterial blood gases,
- (iv) Electrolytes estimation (Na, K, Ca, Cl)
- (v) Lipids, apo-proteins and lipoproteins,
- (vi) Tumor markers: CEA, CA19-9, CA125, AFP, BHCG.
- (vii) Chemical analysis of body fluids, (CSF, Peritoneal/pleural/synovial fluid)
- (viii) Hormone assays: TSH, T₄, T₃, ACTH, Cortisol, FSH, LH, GH, Prolactin, Testosterone, Estradiol, ADH.
- (ix) Cardiac markers: Troponin-I Troponin-T, CK-MB, myoglobin. LDH 1 & II
- (x) Practical exercises on quality assurance in a clinical biochemistry laboratory.

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

Signature of Dean

Signature of Assessor

5. Hematology*:

- (a) Number of samples per year: _ _ _
- (b) Number of Investigations:
 - i. CBC Yes / No
 - ii. ESR Yes / No
 - iii. Reticulocyte Count Yes / No
 - iv. Absolute Eosinophil Count Yes / No
 - v. Bone Marrow aspiration Yes / No
 - vi. Bone Marrow Biopsy Yes / No
 - vii. PT, aPTT, TT Yes / No
- (c) Facilities for the work up of the following (Name of investigation & numbers per year)
 - i. Coagulation disorders: _ _ _ _ _
 - ii. Leukemia _ _ _ _ _
 - iii. Nutritional anemias _ _ _ _ _
 - iv. Hemolytic anemias _ _ _ _ _
 - v. Serum and Urine Electrophoresis for Myeloma _ _ _ _ _

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

6. Blood banking

(a) Provide numbers per year:

- i. Units issued: _ _ _
- ii. Units collected:
 - 1. Voluntary: _ _ _
 - 2. Replacement: _ _ _
- iii. ABO group typing: _ _ _
- iv. Rh group typing: _ _ _
- v. Cross matching: _ _ _
- vi. Antibodies identified: _ _ _
- vii. Samples tested for:
 - i. HIV: _ _ _
 - ii. HBV: _ _ _
 - iii. HCV: _ _ _
 - iv. VDRL: _ _ _
 - v. Malaria: _ _ _
 - vi. Others _ _ _

(b) Facilities available for the following Yes / No

- i. Familiarization with National and State legislation policies on blood banking
- ii. Screening donors
- iii. Serum cell grouping for minor blood groups.
- iv. Identification of secretory status of the donor and recipient.
- v. Cell and serum cross matching.
- vi. Antiglobulin (Coombs) test: direct and indirect.
- vii. Investigation of a case of blood transfusion reaction.
- viii. Fractionation of whole blood into various components such as cryoprecipitate, platelet concentrate, fresh frozen plasma, single donor plasma, Red Blood Cell concentrates, Leucocyte-depleted component, store the components according to standard protocols and use those in appropriate clinical conditions.
- ix. Selection of subjects for plasma apheresis and conduction of the procedure

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

7. Immunology*:

(a) Give number of Tests per year

- i. ANA -----
- ii. RF -----
- iii. CRP -----
- iv. Immunofluorescence -----
- v. Any other test -----

(b) Facilities available for the following Yes / No

- i. Basic immunological techniques including Immunofluorescence microscopy & Immunoassays; immune-precipitation, immune-fixation, different kinds of ELISA, ELISPOT assays, chemi-luminescence analysis, Western blotting
- ii. Serological techniques; CFT, different types of agglutination reactions, IHA.
- iii. Immune-phenotyping by flowcytometry
- iv. Evaluation of collagen vascular disorders, autoimmune disorders, immunodeficiency status (Primary and Secondary)
- v. Measurement and interpretation of CRP, RF, ANF.
- vi. Evaluation of cellular immune system including count B cell, T cell, T cell subsets; CD4 & CD8. Able to perform T cell function test; *in-vitro* demonstration of CMI, Blast transformation, *in vivo* test e.g., Intradermal inoculation.
- vii. Evaluation humoral immune system including B cell function evaluation and immunoglobulin estimation
- viii. Estimation of level of complements
- ix. Estimation of cytokines in blood and fluids
- x. HLA-typing of cells and organs
- xi. Evaluation of collagen vascular disorders, autoimmune disorders, immunodeficiency status (primary and secondary)
- xii. Investigation of various hypersensitivity and allergic disorders

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

8. Microbiology*:

(a) Provide numbers per year:

- i. Grams Staining -----
- ii. AFB Staining -----
- iii. Bacterial Culture -----
- iv. Antibiotic Sensitivity -----
- v. Any other test -----

(b) Facilities available for the following Yes / No

- i. Rapid diagnostic tests (e.g., Malaria, Leishmania and HIV)
- ii. Common stains like Gram, Giemsa, Albert and AFB stains, and India ink preparation
- iii. Preparation of culture media and ibacterial cultures
- iv. Drug sensitivity tests in culture.
- v. Biochemical tests for microbial identification and their serotyping (including Widal test).
- vi. Cell culture studies for the diagnosis of viral & other microbial infections.
- vii. Specific strains of microbes in the laboratory, as required
- viii. TORCH screening
- ix. Markers of different kind of viral hepatitis
- x. Tests for Tuberculosis including drug-resistant tuberculosis
- xi. Investigations for infections and infestations in an immune-compromised host
- xii. Examination of body fluids and excreta (stool, urine) for parasites including protozoa, nematodes, cestodes and trematodes and their diagnosis by gross, microscopic (concentration method, when necessary), special staining, and serological & culture methods.
- xiii. Diagnosis of amoebiasis, giardiasis, leishmaniasis, toxoplasmosis & malaria
- xiv. Identification of common mycotic organisms by microscopy and special stains
- xv. Hospital Infection Surveillance program

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

Signature of Dean

Signature of Assessor

9. Molecular Biology*

- (a) Give number of Tests per year
- i. PCR

ii. RT-PCR

iii. CRP

- (b) Facilities available for the following
- Yes / No
- i. Extract DNA from cell homogenate and use nano drop spectrophotometer for DNA isolation.

ii. Nucleic acid amplification techniques: PCR, RT-PCR (including Melting Curve analysis), LCR, LAMP, digital PCR, and Non-PCR based Isothermal amplification and probe amplification.

iii. Post-translation analysis including electrophoresis, hybridization (solid phase and solution phase) assays, microarray, dot-blot, line probe assay

iv. Gel electrophoresis in gel documentation unit

v. Investigations on chromosomal and genetic disorders

vi. New Generation Gene Sequencer (NGS), if available

**Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided*

10. Surgical Pathology

- (a) Number of specimen per year: -----.
- (b) Facilities for:
- a. Frozen section:

Yes / No

b. Histochemistry / Special staining:

Yes / No

c. Immunohistochemistry:

Yes / No

11. Cytology (Number of samples per year):

- (a) Exfoliative: -----
- (b) Gynecological: -----
- (c) Non-Gynecological: -----
- (d) Fine needle aspiration:
- i. Ultrasound guided: -----

ii. C.T. guided: -----
- (e) Any other: -----

12. Details of Autopsies (Give numbers for the past year)

- ii. Adult: --- (b) Children: --- (c) Neonate: --- (d) Medico-legal: ---

13. Academic activities

(i) Outcome based:

a) Theory classes taken in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
b) Clinical seminars in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available

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Academic activities (outcome based) (contd from previous page):

c) Journal clubs conducted in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
d) Tutorials held in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
e) Group discussions held in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
f) Guest lectures organized in the past 12 months	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available

(ii) Rotational Posting Schedule in the past 12 months
All curricular activity, including those requiring hands-on training / experience such as performance of tests is done in other Departments, this must be reflected in the Posting Schedule

(iii) Any Other Information

Signature of Dean

Signature of Assessor

PART III
(POSTGRADUATE EXAMINATION)
(Only at the time of recognition Assessment)

- 1. Minimum prescribed period of training:
Date of admission of the Regular Batch appearing in examination: __/__/____

- 2. Minimum prescribed essential attendance:

- 3. Whether periodic performance appraisal is carried out:

- 4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations2000:

- 5. Whether the thesis submitted by the candidates appearing in the examination been accepted:

- 6. Whether the candidates appearing in the examination have:
 - a) presented one poster Yes / No
 - b) presented a research paper at a National/State conference Yes / No
 - c) published / received acceptance for a paper during their PG study period Yes / No
 - d) communicated a paper for publication. Yes / No

- 7. Provide details of examiners appointed by Examining University below (No Annexures):

- 8. Whether appointment, eligibility of examiners and conduct of examination is as per prescribed NMC/MCI norms: Yes / No

- If not, provide details:

- 9. Standard of Theory papers and that of Clinical / Practical Examination:

- 10. Year of passing out of the 1stbatch of PG students (mention name of previous/existing University)

Degree Course -----

Note:

- i. Retired/Superannuated/re-employed faculty members should not be appointed as External Examiner.
- ii. There should be two internal and two external examiners.
- iii. Three external examiners should be appointed if two internal examiners are not available in the department.