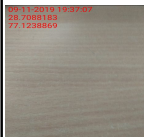
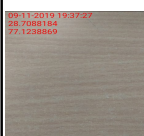
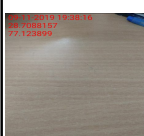


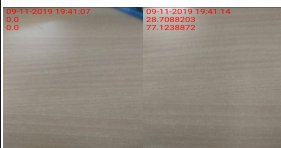
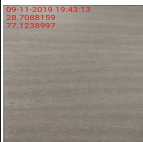


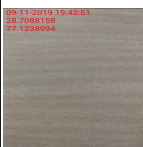

Laboratory Details					
Details			Details Data Fedded by Lab		
Name of the Laboratory			tEST LABORATRY		
Type of Laboratory			Private		
Country			India		
State/Province			Delhi		
District			NEW DELHI		
Sub District			Chanakya Puri		
Village/Town			BFUEWUEU		
Pincode			238233		
Mobile No.			9983423488		
Landline			222323998		
Email Id			TEST@TEST.IN		
Are You NACD Laboratory			Yes Download file		
Are you from SEZ region (Special Economic Zone)			Yes Download file		
Type			Proprietorship Firm Download file		
GST No			W34545656566		
PAN No					
TAN No					
Contact person for NABL					
Name			sudhansh		
Designation			Director		
Mobile No.			9910760385		
E-mail			sudhanshu.7t@gmail.com		
Technical Head					
Name			Akash		
Designation			Technical Director		
Mobile No.			9384943493		
E-mail			aKTEST@TREST.IN		
Is This Authorised Signature			Yes		
Details of staff including Lab Technicians and support staff					
Sl No.	Name	Designation	Academic and Professional Qualifications	Experience related to present work (in years)	Is this Authorised Signature
1	Karam	Technician	M.Sc	4	Yes Download file
2	Ranjeet Kumar	Assistance	B.Sc	6	No

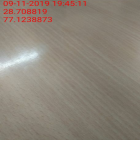





Scope Applied					
Sl No.	Discipline	Type of Samples	Specific tests	Method	Is PT/ILC Done
1	Biochemistry	Whole Blood	,	Biochemistry	
2	Haematology	Haematology-Plasma	,	Haematology	

List of major test equipment available for use								
Sl No.	Discipline	Name of equipment	Model	Serial No. of Equipment	Type	Year of Make	Calibration Certificate Image With Serial No.	Image of the equipment
1	Biochemistry	Glass	2se	qaweu3323	sdfdlk sdjds	2013	Download file	Download file
2	Haematology	test	34sdks sdk	sadjh sadjk asdk	sadjk asdk	2014	Download file	Download file

Participation in PT / /EQAS/ any other Inter Laboratory Comparison									
Sl No.	Discipline	Type of Proficiency testing	Details of Test(s)/ examination	Product/Material	Date of Testing/ examination	Organizing body	Performance in terms of z score or any other criteria	Corrective action taken (if required)	Upload PT/ILC Reports
1	Biochemistry	PT	Whole Blood	test	2019-11-12	weu asdik	asdk asdkas	asdkj asdkj	Download file
2	Medical Microbiology And Immunology	ILC	Haemoglobin	test	2019-11-27	sakdjw sdkjds	asdkj asdkas	test test	Download file

Checklist Section		
Infrastructure		
Signage		
(1)	Name of the person-in-charge with qualification and registration number 	Yes
(2)	Broad services provided i.e. Biochemistry, Haematology, Medical Microbiology & Immunology etc.	No
(3)	Timings of different consultant 	Yes
(4)	Internet facility or telephone and mobile number for appointment	No
(5)	Fee Structure	No
Hygiene and Safety (wherever applicable)		
(1)	General Cleanliness (Dust free and Good Housekeeping) 	Yes
(2)	Universal standard precautions for safety	No

(3)	Safety hazard and caution signs - Biomedical waste segregated in colored bins and bags as per Biomedical Waste Management Rules, 2016 including radioactive materials, toxic chemicals, microbial agents, infected biological material 	Yes
(4)	Appropriate Fire exit signage- Minimum one fire extinguisher	No
Space requirement		
(1)	Registration, waiting room, public utilities, safe drinking water etc 	Yes
(2)	Sample collection area	No
(3)	Laboratory with adequate diffuse and spot lighting 	Yes
(4)	Reporting and billing area	No
(5)	Washing area	No
(6)	Preservation of the specimen and slides	No
(7)	Electrical facilities	No
(8)	Temperature control for specialized equipment etc. 	Yes
(9)	Counselling room for HIV 	Yes
Furniture and Fixtures		
(1)	Communication system: (Desirable) Telephone and Mobile no. for appointment 	Yes

(2)	<p>Wash Basins</p> 	Yes
LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE		
(1)	<p>Registration under the provisions of Biomedical Waste Management Rules, 2016 with State or Union territories</p> 	Yes
(2)	<p>Pollution Control Board with registration number and date of expiry, site, space, location and environmental requirements to be as per local bye- laws</p>	No
RECORD MAINTENANCE AND REPORTING		
(1)	<p>Whether Reports of all patients date wise as per regulatory requirement or till next audit, whichever is later are available.</p> 	Yes
(2)	<p>Whether Medico legal records, if applicable (as per relevant law) are maintained.</p>	No
(3)	<p>Whether Records of technicians working in laboratory indicating their details of qualification training and others are maintained.</p>	No
(4)	<p>Whether there is any availability of reference library including books or periodicals or e-journals.</p> 	Yes
(5)	<p>Duration of preservation of record (as applicable from time to time)</p>	No
STANDARDS ON BASIC PROCESSES		
(1)	<p>Whether infection Control practices - as per Bio Medical Waste Management Rules, 2016 are followed.</p> 	Yes
(2)	<p>Whether lab is using disposable needles etc.</p> 	Yes

(3)	Whether provision is there to collect Patient Information and Education (Yes/No)	No
(4)	Whether Process of calibration of equipment and reagents is available (Yes/No)	No
(5)	Whether Booklet of Standard operating procedures of all procedures available(kit inserts may be used as SOPs) - (Yes/No)	No
(6)	Whether the process of Grievance registration and disposal mechanism is defined (Yes/No)	No
(7)	Whether Quality Control in the form of Internal Quality Control (at least one level to be run on the day of testing samples) is processed (Yes/No)	Yes
(8)	Whether Inter-laboratory comparison in the form of external quality assurance scheme is available (Yes/No)	Yes

We declare that,

1. We agree to comply with procedure of this scheme, pay charges for assessment irrespective of the result.
2. We agree to co-operate with the assessment team appointed by NABL for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the applied scope.
3. We satisfy all national, regional and local regulatory requirements for operating a laboratory.
4. We agree to comply with the terms & conditions mentioned in NABL 128 (Procedure for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)
5. All information provided in this application is true. Signature of Technical Head/ Laboratory Director

I Akash, Technical Director Accept the above term & conditions.

Payment Details	
Order Id	NABLBC872466
Date	2019-11-10 12:48:59
Amount(Rs)	1180.00