

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) \_\_\_\_\_  
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  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)

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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)

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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: \_\_\_\_\_

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