

**FORM III**

(see rule 12)

**PART A.**

**System of Medicine**

**Clinical Laboratory:**

**Tamil Nadu Clinical Establishment Regulation Act Registration no. :**

**Register of Laboratory Test Conducted**

**Date :**

| S. No | Name of the Patient and address | Mobile No. | Age | Sex | ID No. | Referring Doctor | Provisional Diagnosis | Investigations Specimen | Investigation performed | Method of Investigation and Equipment | Result | Additional information if any | Initial of the Medical Officer |
|-------|---------------------------------|------------|-----|-----|--------|------------------|-----------------------|-------------------------|-------------------------|---------------------------------------|--------|-------------------------------|--------------------------------|
| (1)   | (2)                             | (3)        | (4) | (5) | (6)    | (7)              | (8)                   | (9)                     | (10)                    | (11)                                  | (12)   | (13)                          | (14)                           |
| 1.    |                                 |            |     |     |        |                  |                       |                         |                         |                                       |        |                               |                                |
| 2.    |                                 |            |     |     |        |                  |                       |                         |                         |                                       |        |                               |                                |
| 3.    |                                 |            |     |     |        |                  |                       |                         |                         |                                       |        |                               |                                |
| 4.    |                                 |            |     |     |        |                  |                       |                         |                         |                                       |        |                               |                                |
| 5.    |                                 |            |     |     |        |                  |                       |                         |                         |                                       |        |                               |                                |

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken and signed by the authorities concerned.