

PART B

System of Medicine

Clinical Laboratory:

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

Register for Imaging techniques USG/X Ray/ CT/MRI/PET etc. Laboratory Test Conducted

Date :

| S. No | Name of the Patient and address | Mobile No. | Age | Sex | ID No. | Refer-ring Doctor | Provision-al Diagno-sis | Investigations Specimen | Investi-gation per-formed | Method of Investiga-tion and Equipment | Re-sult | Additional infor-mation if any | Initial of the Medical of-ficer |
|--------------|--|-------------------|------------|------------|---------------|--------------------------|--------------------------------|--------------------------------|----------------------------------|---|----------------|---------------------------------------|--|
| (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 Medical Officer.