

NAME OF THE INSTITUTION: _____

**PROFORMA -A
(STATUS OF LABORATORIES IN THE HOSPITAL)**

Sr #	Name of Equipment	Number of Equipment	Status of Equipment (Indicate Number)	
			Functional	Dysfunctional
1	Automatic Pipette			
2	Blood Cell Separator			
3	Blood Gas Analyzer			
4	Centrifuge Machine			
5	Culture Media Pouring System			
6	Fully Automated Coagulation Analyzer			
7	Fully Automatic Chemistry Analyzer			
8	Hematology Analyzer 3 Part			
9	Hematology Analyzer 5 Part			
10	Hemoglobin Meter Digital			
11	Micro Incubator			
12	Plasma Extractor			
13	Platelet Rotar			
14	Special Chemistry Analyzer			

Number of Laboratories	
Functional Laboratories	
Dysfunctional Laboratories	

Name & Signature of Head of Institution (with Stamp)

Date: _____

NAME OF THE INSTITUTION: _____

PROFORMA -B
(STATUS OF ADVANCED EQUIPMENT IN THE HOSPITAL)

Sr #	Name of Equipment	No. of Equipment	Status of Equipment (Indicate Number)	
			Functional	Dysfunctional
1	Anesthesia Machine			
2	C.T Scan Machine			
3	Dialysis Machine			
4	ECG Machine			
5	M.R.I Machine			
6	Oxygen & Nitrous Central Supply			
7	Ultrasonography Machine			
8	Ventilators			
9	X-Ray			

Name & Signature of Head of Institution (with Stamp)

Date: _____