STANDARD OPERATING ROCEDURES

FOR

LABORATORY MANAGEMENT

COMMUNITY HEALTH CENTRE, SAINKUL

758027

ODISHA

PHONE NO: 06733-223208

1. About the Department:

Scope of services

Timings

Types of patients served:-

i. Patients attending Outpatient services
ii. Patients attending emergency services
iii. Referred patients
iv. Inpatients

Superintendent
CHC Sainkul,Keonjhar

2. Organogram

3. Quality Policy

4. Quality Objectives

5. Registration of Patients

S. No	Activity	Responsibility	Record
1.	Medical Officer/Specialist shall prescribe the laboratory tests in investigation requisition form	Medical officer/ specialist	Investigation requisition form
2.	Investigation requisition form shall have the following information Patient Details, Name of test to be performed, Referring Doctor, Priority, Clinical findings, Diagnosis and Alerts/Instructions if any.	Medical officer/ specialist	Investigation requisition form
3.	Patient/Relative shall produce the investigation requisition form at the sample collection area. Patient details (e.g. name, OP registration number, age/sex etc) and name of tests shall be entered in the laboratory register. The patient shall then be guided for sample collection.	Laboratory technician	Laboratory register
4.	The original Investigation requisition form shall be retained in the laboratory and a copy of the same shall be given back to patient. The patient shall be instructed to get the copy of the requisition slip during report collection.	Laboratory technician	Laboratory register
5.	For emergency patients and inpatients the sample shall be sent from the emergency/ward along with the investigation requisition form	Laboratory technician	Laboratory register

Reference standard - ME E1.1

6. Referral of tests not available in the facility

S. No	Activity	Responsibility	Record
1.	The hospital shall have established linkages with higher care facilities.	MO I/C	
2.	For patients requiring higher end laboratory diagnostic service or any tests that are not available at the facility, they shall be referred to identified higher care facilities.	Medical officer/Treating doctor	Referral form
3.	The medical officer/ treating doctor shall fill a referral form denoting the initial diagnosis, treatment provided and further tests required	Medical officer/Treating doctor	Referral form
4.	The patient shall be instructed for follow up care after receiving the reports from referral laboratory	Medical officer/Treating doctor	OP case paper
5.	For emergency patients, the hospital shall make arrangements to ensure transportation of sample to the referral laboratory		

Reference standard - ME E3.2

7. Sample collection & labeling

S. No	Activity	Responsibility	Record
Outpatient Sample Collection			
1.	On patient arrival in the laboratory, Check the investigation requisition form and confirm with the patient details. In case where special preparation is indicated, ask the patient and confirm the adherence to the same.	Laboratory technician	Investigation requisition form
2.	Fill in the laboratory register with patient name, Pt id, test particulars, name & signature of person, date & time of sample collection and the functional area the sample is to be sent for testing e.g. Biochemistry, Pathology, Microbiology etc	Laboratory technician	Laboratory register
3.	Check for the following: Test name, specimen required and quantity, any special collection instructions (Emergency Request) if any before collecting the sample.	Laboratory technician	Investigation requisition form
4.	Do phlebotomy and collect the blood sample in glass tube / vacutainer from the outpatient in sample collection area.	Laboratory technician	Nil
5.	In case of urine collection give the patient a sterile urine collection vacutainer, give instruction on the urine collection process and direct the patient towards the toilet.	Laboratory technician	Nil
6.	The technician shall utilize appropriate collection devices (sturdy, sterile, screw-cap, leak proof containers with lids that do not create an aerosol when opened) and use sterile and aseptic technique to collect specimens to prevent introduction of microorganisms during invasive procedures.	Laboratory technician	Nil
7.	The sample collection container/vacutainer should be carefully labelled with the patient's name and identification number and with the date and time of collection and test to be performed.	Laboratory technician	Nil
8.	All the vacutainer / containers must be checked to ensure that the cap is tightly in place additionally taped down.	Laboratory technician	Nil
9.	An adequate amount of sample should be collected.	Laboratory technician	Nil

	Inadequate amounts of specimen may yield false-negative results.		
10.	If a sample is to be collected through intact skin, the skin should be cleansed first by use of alcohol.	Laboratory technician	Nil
11.	The sample collected vacutainer/container should be handled with care, after sample collection it should be carefully placed in a vacutainer holding rack or container storage trays.	Laboratory technician	Nil
Inpatient Sample collection			
12.	For In-patients, the sample should be collected through above mentioned method by the staff nurse.	Staff nurse	Treatment order sheet
13.	The sample collection container/vacutainer should be carefully labelled with the patient's name and identification number and with the date and time of collection and test to be performed.	Staff nurse	Nil
14.	The sample collected shall be transported to the lab by the Attendant/aaya.	Attendant	Sample dispatch register
Handling Sample of Medico legal Cases			
15.	The investigation requisition form of a Medico - legal case should hold the initials MLC or a MLC stamp mark on the form.	Treating doctor/ Staff Nurse	Investigation requisition form
16.	Samples received of MLC cases should be entered in a separate MLC register / a MLC stamp marked on the record entry.	Laboratory technician	MLC register
17.	The vacutainer should also hold the initial MLC on the label.	Laboratory technician	Nil
18.	If an emergency requisition is made for the sample, then the same should be carried out accordingly.	Laboratory technician	Laboratory register

Reference standard – ME G4.2, ME E11.5

8. Transportation of Sample

S. No	Activity	Responsibility	Record
In-house transportation			
1.	The inpatient samples collected should be transported to laboratory by Attendant/aaya using closed type sample transport box. Use of such box prevents damage of samples due to fall or contamination.	Attendant	Nil
2.	The sample transport box must not be used for any purpose other than carrying samples.	Attendant, staff nurse	Nil
3.	The boxes must be cleaned and disinfected everyday by wiping the inside with alcohol and cleaning with detergent water.	Attendant, staff nurse	Nil
4.	Storing of sample in wards after they have been taken should be avoided. The samples should be immediately transported to maintain the adequate temperature and time frame of testing. This reduces the risk of the sample getting degraded.	Attendant, staff nurse	Nil
5.	The staff nurse should record the details of sample sent in a sample dispatch register. The Attendant/aaya should carry the sample dispatch register along with the sample transport box. After handing over the sample to the laboratory, signature of the technician should be taken as acknowledgement of the sample received.	Attendant	Sample dispatch register

Reference standard – ME G4.2

9. Acceptance & Rejection of Primary Sample

- The samples shall not be accepted/ rejected by the laboratory technician under the following conditions. A sample rejection register shall be used at the laboratory to document the details of rejection.

Blood Samples

- Inappropriate /Insufficient quantity of sample.
- Contaminated specimen.
- Improper container.
- Samples with missing identifiers or unlabelled tube.
- Highly haemolysed or lipemic samples.
- Sample and test request details for the patient not identical.
- Samples collected from same extremity during IV infusion.
- Sample stored at wrong temperature prior to analysis.
- Samples transported at in-correct temperature.
- Samples received from outside without date and time of collection.

Urine and Stool

- Samples collected in non-sterile bottles.
- Insufficient quantity.
- Sample presented after 1 hr. of collection.
- Samples bottles not tightly capped after collection.
- Non-compliance by the patient on sample collection procedure for routine and special tests.
- Samples with missing identifiers or unlabelled/ label not matching with details in requisition form

Microbiology

- Single swab submitted for multiple requests.
- Collected in an improper, non-sterile container.
- Leakage of sample from non-secured container.
- Insufficient quantity of sample.
- Sputum sample containing only saliva.
- Improper container.
- Samples with missing identifiers or unlabelled tube/ label not matching with details in requisition form

Reference standard - ME G4.2

10. Processing of Sample

S. No	Activity	Responsibility	Record
1.	Segregate the samples for investigations like biochemistry, haematology, and clinical pathology and hand over accordingly to the concerned technician.	Technician at sample collection counter	Laboratory register
2.	The technicians shall perform the test as per the testing methods with safety precautions and then generate the reports as per the protocol for the same.	Laboratory technician	Testing protocols
3.	For testing of samples follow the standard testing guidelines/work protocols. Fabrication of results is completely unacceptable.	Laboratory technician	Testing protocols
4.	Findings of the test shall be recorded in clear & legible manner shall be traceable to the patient.	Laboratory technician	Department register
Use of samples for examination other than requested			
5.	The use of samples for purposes other than those requested without prior consent should occur only if the residual samples are rendered anonymous or have been pooled		

Reference standard - ME G4.2

11. Reporting of Test results

S. No	Activity	Responsibility	Record
Verification of test Result			
1.	The technician shall produce a draft report relating the examination /test results and place for review of the Pathologist/Microbiologist. Once reviewed & verified the final report shall be recorded in the printed format.	Lab technician , Pathologist	Test report
2.	The final printed report shall be verified by, signed along with the date of generation by the pathologist only then shall it be released for dispatch	Lab technician , Pathologist	Test report
Timeline for reporting			
3.	The Laboratory shall strictly follow timeline as per the identified Turnaround Time of various test results, letting aside certain exceptional cases like equipment breakdown or damage of sample.	Laboratory technician	Turn - around time for test reporting
4.	Any such failure and delay in testing & reporting should be immediately informed to the ward staff nurse in case of inpatient and alternate arrangements immediately made.	Laboratory technician	Nil
5.	In case of outpatient if the telephone number of the patient/patient relative is available then the same should be communicated over phone.	Laboratory technician	Nil
Recording of Result			
6.	The test results shall be recorded in Laboratory test register with name of patient id number and test result values.	Laboratory technician	Laboratory Test Register
Reporting of Result			
7.	Laboratory shall have a documented turnaround time for every test and provide the reports within that defined cycle time for each category of patient -routine and emergency.	Laboratory technician	Turnaround time list
8.	All laboratory results shall be provided to Patient in proper printed format. The printed report shall even include patient details and pt id	Laboratory technician	Laboratory test report
9.	Out-Patient report dispatch timings: 1300 hours – 1400 hours shall be followed	Laboratory technician	

10.	The validated laboratory report shall be provided to the patient/attendant when they produce the investigation requisition slip/OP case paper to the laboratory technician	Laboratory technician	
11.	After handing over the report to the patient/patient relative, signature of the patient/pt attendant is to be taken on the report dispatch register as acknowledgement of report receival. Signature of the laboratory technician handing over the report should also be mentioned in the register.	Laboratory technician	Report dispatch register
12.	In-Patient: Reports shall be dispatched to various wards and acknowledgement from nursing staff shall be taken in report dispatch register.	Laboratory technician	Report dispatch register
Maintaining confidentiality of reports			
13.	Confidentiality of patient reports and clinical information shall be maintained.	Laboratory - Incharge	Nil
14.	Laboratory – Incharge shall monitor that laboratory staff does not discuss the lab result outside. And reports are kept in a secure place.	Laboratory - Incharge	Nil
15.	HIV positive reports/ HIV positive pregnancy reports shall be communicated as per NACO guidelines.	Laboratory – Incharge, Laboratory technician	NACO guidelines on reporting of HIV positive reports
16.	In case of an HIV positive report the patient shall be referred to an ICTC centre.	Laboratory technician	NACO guidelines on reporting of HIV positive reports
17.	It is the responsibility of the counsellor at the ICTC to assist the client in understanding the implications of the positive test result. The counsellor shall help the patient in coping with the test result and ensures access to treatment and care.	ICTC counsellor	NACO guidelines on reporting of HIV positive reports

Reference Standard: ME G4.2, ME B 3.4

12. Receipt, labeling, processing and reporting of sample for emergency cases

S. No	Activity	Responsibility	Record
Receipt and labelling			
1.	The hospital laboratory shall function 24X7 for emergency testing and reporting of samples	Laboratory Incharge	Nil
2.	All requisition slip/orders for emergency cases shall be marked with emergency while writing the same.	Treating doctor/ Staff nurse	Investigation Requisition slip/ investigation order form
3.	In addition the staff nurse shall give a call to the laboratory to intimate the same.	Staff nurse	Nil
4.	On receiving the sample at laboratory, mark the sample container as emergency in red ink and immediately send it to the concerned service area like biochemistry, microbiology, pathology etc.	Laboratory technician	Laboratory register
Processing			
5.	On receipt of the sample at the concerned service area, the same shall be placed on a separate tray marked as emergency for easy identification and quick processing	Laboratory technician	Laboratory Test Register
6.	As per hospital policy Emergency requisitions should be given preference over other sample processing	Laboratory technician	Nil
Reporting of Result			
7.	In-Patient: Reports shall be dispatched to the ward and acknowledgement from nursing staff shall be taken in report dispatch register.	Laboratory attendant	Report dispatch register
8.	Any test results, which is so far from the reference range that they indicate a potentially dangerous condition requiring immediate attention, will be intimated to the concerned consultant within 30 min of knowledge of the test result even if a printed hard copy is not ready to be provided.	Laboratory technician	Critical result intimation register

Reference Standard: ME G4.2

13. Storage of primary samples, retaining & retrieval of test results

S. No	Activity	Responsibility	Record
Storage of primary sample			
1.	**Samples shall be preserved for any later use as per the following :** • Urine, Stool – Dispose immediately after completion of reporting • Blood – 48 hours	Laboratory technician	Nil
Retaining & retrieval of test reports			
2.	The test results shall be recorded in Laboratory test register with name of patient id number and test result values. The register shall be maintained year wise with split-ups month wise	Laboratory technician	Laboratory test register
3.	In case there is provision of producing copies of reports the Laboratory shall produce the test report in copies. The original shall be given to the patient and the copy retained. The copies shall be stacked month & year wise.	Laboratory technician	Copy of test report
4.	The laboratory shall retain the copy so that the same can be promptly retrieved when required for a later purpose.	Laboratory technician	Copy of test report
5.	The hospital shall electronically store the report in the computer system when the system of producing electronically printed reports is under practice.	Laboratory technician	Nil
6.	Whenever there is need for retrieval of report, the year & month of investigation shall be used as reference to trace back the report and further patient name & id to retrieve the report.	Laboratory technician	Nil

Reference Standard: ME G4.2

14. Reporting of critical test results/immediate reporting of results

S. No	Activity	Responsibility	Record
1.	Laboratory shall have established Biological reference interval for examination of various results and identified critical intervals for which immediate notification is needed. This shall be made available in the laboratory and displayed prominently in the workbench area.	Laboratory technician	List of biological reference interval & critical alert value
2.	All laboratory tests results, which are so far from the reference range that they indicate a potentially dangerous condition requiring immediate attention, shall be intimated to the concerned consultant within 30 min of knowledge of the test result.	Laboratory technician	List of biological reference interval & critical alert value
3.	In case the consultant is not reachable the result shall be brought to the notice of Registrars/Staff Nurse.	Laboratory technician	Nil
4.	The result shall also be informed to the ward nurse in case of an inpatient.	Laboratory technician	Nil
5.	In the case of an outpatient, the result shall also be intimated to the patient directly through available telephone or mobile number.	Laboratory technician	Nil
6.	The technician reporting the critical test result must record and then read back the critical test result, in its entirety, to the individual accepting the result.	Laboratory technician	Nil
7.	The laboratory shall maintain a critical result reporting register to record the communication of all critical results; it should record the signature of the individual receiving the report and reporter of the test result, details of result & time of reporting.	Laboratory technician	Critical result reporting register
8.	The laboratory should also maintain a display of critical test values in the laboratory testing area and a copy of it provided at all nursing stations.	Laboratory technician	List of critical test values

Reference Standard: ME G4.2

15. Repeat Testing of Samples

S. No	Activity	Responsibility	Record
1.	Repeat testing of samples shall be carried out under the following conditions - Damaged Sample - In case of Observance of critical result - Analytical failure - Equipment breakdown	Laboratory technician	Nil
Repeat Examination Due to Analytical Failure			
2.	Laboratory shall conduct repeat testing by same or different method by the same or different ANALYST/ technician.	Laboratory technician	Nil
3.	Repeat examination of the primary samples shall be performed in the event of detection of analytical failure or in situations wherever deemed necessary.	Laboratory technician	Nil
4.	Results shall be analyzed.	Laboratory technician	Nil

Reference Standard: ME G4.2

16. Validated procedure for examination of Samples

17. Calibration of Equipments

S. No	Activity	Responsibility	Record
1.	All the measuring equipments/ instrument shall be calibrated.	Laboratory Incharge	Nil
2.	An ISO certified calibration agency shall be identified to calibrate the equipments/instruments.	Laboratory Incharge	Nil
3.	Calibration labels/stickers shall be placed on the equipment denoting the date of calibration and indicating the status of calibration/ verification when recalibration is due.	Laboratory Incharge/ Laboratory technician	Equipment register
4.	All calibration certificates shall be maintained by the lab-Incharge or centrally stored by the Store-Incharge of the hospital.	Laboratory Incharge	Calibration certificate
5.	The laboratory shall maintain an equipment register to document details of equipment and calibration status.	Laboratory Incharge	Equipment register
6.	It shall be the duty of the Lab- Incharge to ensure updation of calibration of all equipments as per their schedule.	Laboratory Incharge	Equipment register
7.	Verification checks after calibration to update correction factor shall be carried out wherever required.	Laboratory technician	Nil
8.	Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.	Laboratory technician	Nil
Re calibration of Equipment			
9.	Where Breakdown affects the calibration of the equipment, it should be recalibrated after restoration/ repair of the equipment.	Laboratory technician	Nil

Reference Standard: ME G4.2

18. Preventive & Breakdown Maintenance of Equipments

S. No	Activity	Responsibility	Record
General Maintenance			
1.	Up to date manufacturer's instructions for operation and maintenance of equipments should be filed in and kept in the laboratory so that the same can be readily available to staff when required.	Laboratory Incharge	Manufacturer's instruction
2.	Defective/Out of order equipments shall be labelled and stored appropriately away from traffic area, until it has been repaired	Laboratory Incharge	
3.	Daily dusting/ dry wiping of equipments shall be done by housekeeping staff. The laboratory technician shall do a daily check on the functioning of equipments every morning before commencement of testing procedure.	Laboratory technician	Nil
4.	An equipment register shall be maintained to document details of equipment - name, hospital code, and date of installation, name of manufacturer, maintained in A house/maintained by external agency or manufacturer, Warranty Period, under AMC/CMC.	Laboratory Incharge	Equipment register
Preventive & Breakdown Maintenance			
A. Preventive Maintenance			
5.	All equipments shall be covered under AMC/CMC including Preventive maintenance.	Laboratory Incharge	Equipment register
6.	The lab-Incharge shall maintain an updated record on AMC & Preventive maintenance in equipment register this should include details like : o Frequency of Preventive Maintenance/Calibration - As per manufacturer guidelines - Presently being followed o Preventive Maintenance/Calibration Done On o Preventive Maintenance/Calibration Due On o Expenditure with cost and details o Remarks with Functional Status	Laboratory Incharge	Equipment register
7.	Preventive maintenance shall be carried out as per Maintenance Schedule for each individual equipment based on manufacturer's recommendations.	Laboratory Incharge	
8.	The following shall be checked during a preventive maintenance-	Laboratory	Equipment Service

	• Physical condition of the equipment/ facility • lubrication, calibration, cleaning or replacing parts that are expected to wear or which have a finite life • Maintenance report verification Maintenance / Service report shall be obtained from service agency and after verification marked as O.K. /Not O.K.	Incharge/ Laboratory technician	Report
B.	**Break down Maintenance**		
9.	Faulty or defective equipment shall not be used regardless of how minor is the problem and must be reported in the first instance to the in-house maintenance engineer /outside agency hired for maintenance as soon as possible and seen that the problem is attended to as soon as possible.	Laboratory technician	Equipment register
10.	A label of "out of order" shall be attached to the equipment and information regarding breakdown shall be passed to all staff including any shift changes.	Laboratory technician	Nil
11.	On restoration of the equipment, the Equipment Breakdown Record should be updated. This indicates that the breakdown/maintenance is performed of the equipment. The "out of order" sticker shall be removed after the restoration of the equipment.	Laboratory technician	Nil
12.	All the breakdowns occurring in the department should be maintained in the equipment register and include the following o Breakdown Date and Time o Breakdown Details (Technical fault or other reasons) o Date and Time of Rectification o Total Time Taken (Rectification Time – Breakdown Time) o Rectification Details with expenditure including cost (if any) o Remarks with functional status o Reasons for delay if any	Laboratory technician	Equipment register

Reference Standard: ME G4.2

19. Internal Quality Assurance

S. No	Activity	Responsibility	Record
1.	To monitor the overall reliability and validity of laboratory results, each service area in the laboratory shall follow an internal quality assurance program	Lab- Incharge	Nil
2.	The following overall method shall be used for ensuring internal quality assurance - Standards shall be run at defined interval. - Control charts are prepared and outliers are identified. - Corrective action is taken on the identified outliers	Lab- Incharge	Nil
Use of commercial control (for automated systems)			
3.	The Laboratory shall use quality control material available commercially, but approved by the Head of Department (Pathologist/Microbiologist)	Laboratory Technician	Stock book of Reagents, calibrators & Controls
4.	When the controls are received and the Lot No and Expiry Date are to be confirmed with reference values specific to the machine.	Laboratory Technician	Stock Register
5.	Controls should be stored at 2-8 °C in specified Refrigerator/ Deep fridge	Laboratory Technician	Nil
6.	Vials should be kept at room temperature for a maxi mum period of 1 hour while running tests.	Laboratory Technician	Nil
7.	Internal Controls shall be run on a daily basis immediately after the specific machines are switched on and in perfect running mode.	Laboratory Technician	Control register
8.	Only authorized personnel in each department shall run controls.	Laboratory Technician	Nil
9.	Controls shall be run prior to perform any test in the beginning of the day immediately after the specific machines are switched on and in perfect running mode	Laboratory Technician	Monthly QC Reports Daily control evaluation record
10.	Daily QC values shall be documented, plotted and analyzed for any violation of Multi QC Deviate rules.	Laboratory Technician	Daily control evaluation record, Monthly QC Reports
11.	Laboratory shall run QC as per Quality Control Plan and shall	Laboratory Technician	Daily control

	interpret QC results by using statistical technique chart.		evaluation record, Monthly QC Reports
12.	Where any parameter value is found not matching with the requirements, cause is identified and corresponding adequate corrective action is taken	Laboratory Technician	Daily control evaluation record, Monthly QC Reports
Retesting of retained sample			
13.	Primary samples of known value shall be chosen at random, stored under controlled conditions and retested using the same instruments/techniques	Laboratory Technician	Nil
14.	Head of Department shall review retesting results and record shall be maintained	Head/Incharge	Nil

Reference Standard: ME G4.2

20. Grievance Redressal

S.No	Activity	Responsibility	Record
1.	The department shall maintain a complaint and feedback box at the waiting area for patients to drop-in their grievances/feedbacks if any.	Laboratory technician, Lab-Incharge	Complaint register
2.	Complaints may be received verbally or written which should be recorded in the complaint register.	Laboratory technician, Lab-Incharge	Complaint register
3.	All complaints are to be taken up for resolution on highest priority and resolved within a reasonable period.	Laboratory technician, Lab-Incharge	Complaint register
4.	On receiving of the complaint, Laboratory Incharge shall review the complaint, discuss with technicians for root cause analysis and take necessary action. The necessary actions taken shall also be documented in the complaint register	Lab-Incharge	Complaint register
5.	Patients feedback related to the Labs services shall be collected and the same shall be analysed on a monthly basis for further improvements.	Lab-Incharge	Patient feedback file

21. Control of Records

S. No	Activity	Responsibility	Record
1.	All records shall be generated on a standard format	Lab - Incharge	Nil
2.	A Master List of Records shall be maintained		Master List of Records
Coding of forms & formats			
3.	All the Forms shall be identified by their format no. and registers identified by their serial no.		
Indexing			
4.	Records where generated in Forms shall be indexed in Files according to the day of records generated.	In-charge / Lab- Technician	Nil
Access			
5.	The records shall be accessible to concerned In-charge & technicians only.	Do	Nil
Storage			
6.	The records shall be stored in safe condition in proper cabinet, almirah, drawer etc. to prevent any deterioration of records.	do	Nil
Maintenance of Records			
7.	All the records shall be identified and along with minimum retention period shall be documented in Master List of Records. In-charges shall ensure that no records are disposed before the time of retention period declared.	In-charge / Lab- Technician	Master list of Records
Retrieving records :			
8.	All the records shall be easily retrievable as per master list of records. Concerned In-charge shall ensure the records are stored in a proper manner for easy retrieval.	In charge / Technician	Master List of records

22. Purchase of External Supplies & Goods

S. No	Activity	Responsibility	Record
1.	Only in case of stock out and emergency requirement shall local purchase of reagents/kits be made.	Lab-Incharge, Store-Incharge, RMO,Civil Surgeon	Inventory Register
2.	Local purchase shall be made only from list of approved vendors.	Lab-Incharge, Store-Incharge, RMO,Civil Surgeon	List of approved Vendors
3.	An open tender system shall be used for selection of vendors.	Lab-Incharge, Store- Incharge RMO,Civil Surgeon	EOI
4.	Wherever necessary qualification/ pre qualification/ eligibility of the suppliers will be prepared by the lab-Incharge	Lab-Incharge	

Superintendent
CHC Sainkul,Keonjhar