



**PART II: BACK GROUND INFORMATION**

<b><u>Ser No</u></b>	<b><u>Subject</u></b>	<b><u>Information given by Hospital</u></b>	<b><u>Remarks of QCI (NABH)</u></b>
1.	<b>Historical Background</b>		
	Date of Establishment		
	Registered/Not Registered* (with State Health Authorities)		
	Type-Govt/Private/Corporate		
	Management (Individual/Corporate/Trust or any other – please specify		
	Recognition by other schemes – CGHS/KBS/AGIF/Rlys/Public Schemes* - indicate which schemes are you linked with.  Already empanelled with ECHS – Yes/No		
2.	<b>Location</b>		
	Distance from nearest ECHS Polyclinic		
	Availability of public transport		
	Distance from Railway station/Bus stand/ Air port to Hospital		
	Distance from nearest Military Hospital		
	Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area		

*(Note: Attach relevant documents/certificates for items marked \*)*

SIGNATURE OF THE AUTHORIZED APPLICANT

**PART III: HOSPITAL INFORMATION**

<b><u>Ser No</u></b>	<b><u>Subject</u></b>	<b><u>Information given by Hospital</u></b>	<b><u>Remarks of QCI (NABH)</u></b>
1.	<b>Building</b>		
	Total Area		
	Floor Area		
	Macro environments-		
	External Ambience		
	Parking Area		
	Waiting Area		
	Reception and waiting for Relatives (Specify approx area)		
<i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may please be included.</i>			
2.	<b>Miscellaneous (Specify)</b> – You may include any other pertinent details, you feel necessary.		

SIGNATURE OF THE AUTHORIZED APPLICANT

**PART IV: FACILITIES APPLIED FOR**

1. Applied for empanelment as:-

(a) Laboratory Services

(b) Radiology and Other Imaging Services

(Please tick the appropriate column)

2. Whether NABL Accredited

3. Details of NABL Certification and Validity Period .....  
(Enclose a scanned copy of Certificate)

**LABORATORY DIAGNOSTIC CENTRE**

4. Services applied for \_\_\_\_\_

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**PART V : CRITERIA FOR LABORATORY SERVICES**

1. Type of Laboratory Services : .....  
.....  
(Specify services for Hematology, Biochemistry, Microbiology, Immunology etc)

2. Services - Inhouse/Outsources.

3. Laboratory Statics

(a) Timing of sample collection

(b) Workload (Samples per day) :-

(i) Clinical Path

(ii) Biochemistry

(iii) Micro-biology

(iv) Others (Specify)

(c) Emergency Services - Available/Not Available

<b><u>Remarks of QCI (NABH)</u></b>
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4. Staffing

(a) Consultants

(i) Total number of consultants

(ii) Number of consultants on Permanent Roll

(iii) Number of Visiting Consultants

<b><u>Remarks of QCI (NABH)</u></b>
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**(Attach list of consultants with qualifications and experience, detailing whether consultant is on permanent roll or visiting)**

(b) Lab Technicians

(i) Total Number

(ii) Speciality trained nurses

(iii) Special Technical Staff

(c) Others (Specify)

<b><u>Remarks of QCI (NABH)</u></b>
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5. Equipment. Specify major equipment, if present (attach list) (**Indicate make, type and vintage of equipment**)

(i) .....

(ii) .....

6. Quality Audits

(i) Internal Audit

(ii) External Audit

**Remarks  
of QCI  
(NABH)**

7. Package Rates : (Specify)

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**PART VI: CRITERIA FOR RADIOLOGICAL DIAGNOSIS  
AND IMAGING CENTRE**

1. **Criteria for MRI Centre :-**

- |     |   |                          |
|-----|---|--------------------------|
| (a) | MRI machine minimum 1.0 TESLA<br>(Enclose a scanned copy of Supporting Document)        | <input type="checkbox"/> |
| (b) | Qualified Radiologist – with minimum 3 years post degree experience                     | <input type="checkbox"/> |
| (c) | Technicians – full time, holding degree/diploma (2 years) from recognized institutions. | <input type="checkbox"/> |
| (d) | Equipment for resuscitation of patient should be MRI compatible.                        | <input type="checkbox"/> |
| (e) | Facilities for computer printer reports.  | <input type="checkbox"/> |
| (f) | Backup of Generator, UPS, Emergency light   | <input type="checkbox"/> |
| (g) | Automatic Film Processor Unit   | <input type="checkbox"/> |
| (h) | Adequate workload – minimum 100 MRI per month   | <input type="checkbox"/> |

<b><u>Remarks of QCI (NABH)</u></b>

2. **Criteria for of CT Scan Centre:-**

- |     |   |                          |
|-----|---|--------------------------|
| (a) | Whole body CT Scan with scan cycle of less than 1 second (sub second)<br>(Enclose a scanned copy of supporting Document)  | <input type="checkbox"/> |
| (b) | Installation shall be as per <b>AERB</b> guidelines<br>(Enclose a scanned copy of Supporting Document)  | <input type="checkbox"/> |
| (c) | <b>Waiting area</b> separate from the radiation area  | <input type="checkbox"/> |
| (d) | Provision for changing room.  | <input type="checkbox"/> |
| (e) | Provision of <b>Radiation protective devices</b> like Screen Lead Apron, Thyroid & Gonads protective shield   | <input type="checkbox"/> |
| (f) | <b>Equipment for resuscitation of patients</b><br>like Boyle’s apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium. | <input type="checkbox"/> |
| (g) | Provision for sterilized instrument, disposable syringes & needles, catheter etc  | <input type="checkbox"/> |

<b><u>Remarks of QCI (NABH)</u></b>

SIGNATURE OF THE AUTHORIZED APPLICANT

(h)	Provision for washed clean linens	<input type="checkbox"/>	<b><u>Remarks of QCI (NABH)</u></b>
(j)	<b>Qualified Radiologist</b> – having post degree experience of 3 years	<input type="checkbox"/>	
(k)	<b>Qualified Radiographer</b> – holding diploma (2 years)/ degree in Radiography from recognized Institution	<input type="checkbox"/>	
(l)	Provision of nursing staff/female attendant for lady patient	<input type="checkbox"/>	
(m)	Provision for <b>radiation monitoring</b> of all technical staff & doctor through DRP/BARC	<input type="checkbox"/>	
(n)	Coverage by <b>Anaesthetist</b> during procedures involving contrast media	<input type="checkbox"/>	
(o)	Disposal of waste	<input type="checkbox"/>	
(p)	Backup of Generator, UPS, emergency light	<input type="checkbox"/>	
(q)	Center should be easily approachable	<input type="checkbox"/>	

3. **Criteria of Mammography Centre:-**

(a)	Standard quality mammography machine with low radiations and biopsy attachment (Enclose a scanned copy of Supporting Document)	<input type="checkbox"/>	<b><u>Remarks of QCI (NABH)</u></b>
(b)	Automatic/Manual film processor	<input type="checkbox"/>	
(c)	Provision for hard copy & computer print out reports	<input type="checkbox"/>	
(d)	Adequate working space	<input type="checkbox"/>	
(e)	Provision for changing room. Privacy for patients	<input type="checkbox"/>	
(f)	Female Radiographer/attendant	<input type="checkbox"/>	
(g)	Backup of Generator, UPS, Emergency light	<input type="checkbox"/>	

4. **Criteria for USG/Colour Doppler Centre :-**

(a)	Registration under the PNDT Act and its status of implementation (Enclose a scanned copy of Supporting Document)	<input type="checkbox"/>	<b><u>Remarks of QCI (NABH)</u></b>
(b)	Machine should be permanently housed in the Diagnostic Center. It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz	<input type="checkbox"/>	
(c)	Should have minimum three probes and provision/facilities of trans Vaginal/trans Rectal Probes	<input type="checkbox"/>	
(d)	Facilities for print out & hard copies of the image	<input type="checkbox"/>	



- (e) Qualified Radiologist, having experience of three year after Post Graduate qualification.
- (f) Full time Nurse/Female attendant for female patients
- (g) Size of the room should be adequate 12'x10'
- (h) Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc with infrastructure for the procedure.
- (j) Anesthetics coverage during such procedures.
- (k) Availability of clean linens & disposable consumable & sterilized instruments
- (l) Backup of Generator, UPS, emergency light
- (m) Center should be easily approachable

<u>Remarks of QCI (NABH)</u>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**5. Criteria for Diagnostic X-ray Centre/Dental X-Ray/OPG Centre :-**

- (a) X-ray machine should be of minimum 500 MA with the Image intensifier TV system.
- (b) The Portable X-ray machine should be minimum of 60 MA.
- (c) The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA  
**(Enclose a scanned copy of Supporting Document in respect of above three wherever applicable)**
- (d) Automatic film processor.
- (e) **Installation should be approved by AERB**  
Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board.  
**(Enclose a scanned copy of Supporting Document)**
- (f) Separate room for portable X-ray machine, equipment, dark room
- (g) Patient trolley should be able to go to equipment room
- (h) Boyles trolley should be in X-ray room
- (j) Room size approximately 14 X 14 feet for housing the X-ray Machine & dark room size 8X8 feet waiting area, separate from the radiation area.
- (k) X-ray tube should not be facing the inhabited area

<u>Remarks of QCI (NABH)</u>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- (l) Provision for changing room
- (m) Provision of Radiation Protective devices like screen, lead apron Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions.
- (n) Manpower :- **Radiologist** – Post Graduate qualification of Radiology from Recognized University.
- (o) Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients
- (p) Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC
- (q) Anesthetics Coverage during procedures involving IV contrast media use.
- (r) Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc.
- (s) Disposal of waste
- (t) Backup of Generator, UPS, Emergency light
- (u) Centers should to be easily approachable

**Remarks of QCI (NABH)**

6. **Criteria for Bone Densitometry Centre:-**

- (a) Bone densitometry equipment ultrasound/x-ray based with color printer (**Enclose a scanned copy of Supporting Document**)
- (b) Room size 14'X14' feet
- (c) Separate waiting area
- (d) **Qualified Radiologist** with at least 3 years experience after postgraduate qualification.
- (e) **Qualified Radiographer** from recognized institution.
- (f) Radiation safety measures
- (g) Disposal of waste
- (h) Backup of Generator, UPS, Emergency light
- (j) Workload 50 per month
- (k) Desirable: Capable of performing 1-3 sites and whole body

**Remarks of QCI (NABH)**

### SECTION III

#### INSPECTION REPORT AND RECOMMENDATIONS OF QCI (NABH)

##### Recommendations of the QCI (NABH)

1. ....(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of ..... (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

*(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)*

(a) <b>General Services</b>		<b><u>Remarks of QCI (NABH)</u></b>
(i) <b>Pathology</b>	(ii) <b>Radiology &amp; other Imaging Services</b>	
(aa) Hematology <input type="checkbox"/>	(aa) X Ray <input type="checkbox"/>	
(ab) Biochemistry <input type="checkbox"/>	(ab) Dental X Ray <input type="checkbox"/>	
(ac) Microbiology <input type="checkbox"/>	(ac) OPG <input type="checkbox"/>	
(ad) Immunology <input type="checkbox"/>		
(ae) Others (Specify)		
(b) <b>Specialised Services</b>		
(aa) Onco Pathology <input type="checkbox"/>	(aa) MRI <input type="checkbox"/>	
(ab) Transfusion Medicine <input type="checkbox"/>	(ab) CT <input type="checkbox"/>	
(ac) Transplant Pathology <input type="checkbox"/>	(ac) Memmography <input type="checkbox"/>	
(ad) Others (Specify) <input type="checkbox"/>	(ad) USG/Colour Doppler <input type="checkbox"/>	
	(ae) Bone Densitometry <input type="checkbox"/>	

**Seal of NABH**

SIGNATURE OF THE AUTHORIZED OFFICER  
OF NABH/QCI