



CHUGHTAIS
LAHORE LAB

PROGRESS REPORT

CENTER NAME	
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NAME OF INCHARGE	
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MONTH	
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DATE	
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SIGNATURE

LAB STRUCTURE

DEPARTMENT					Reason if Need
	Yes	No	Need	No Need	
ADMINISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BIO CHEMISTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEMATOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLOOD BANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MICROBIOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WASHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HR STRUCTURE

DESIGNATION / POST	Nos.	STATUS		Reason if NOT Complete
		COMPLETE	N/COMP.	
PATHOLOGIST	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LAB MANAGER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADMIN.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RECEPTIONIST	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MARKETING PERSON	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICIAN	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNOLOGIST	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHLEBOTOMIST	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WARD BOY	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STAFF BEHAVIOUR, ATTITUDE & WORKING REPORT

FOLLOW UP MARKETING STRATEGY

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NEW MARKETING STRATEGY

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SUGAR CAMP

How many conduct Camp	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	_____
How many Recvd. Pts.	<input type="text" value="50"/>	<input type="text" value="100"/>	<input type="text" value="150"/>	<input type="text" value="200"/>	_____
How many Normal Pts.	<input type="text" value="25"/>	<input type="text" value="50"/>	<input type="text" value="100"/>	<input type="text" value="150"/>	_____
How many Abnormal pts.	<input type="text" value="25"/>	<input type="text" value="50"/>	<input type="text" value="100"/>	<input type="text" value="150"/>	_____

GAPS IDENTIFY

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MAINTAINANCE REQUIRED (IF ANY)

PROBLEM (IF ANY)