**Annexure- CM - MICROBIOLOGY**

**Spectrum of Diagnosis in the Specialty of Microbiology:** Departments from which the Microbiology department is receiving samples for various tests (along with number of cases referred to them for last 3 years)

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| **Departments** | **Year** |
| **2019** | **2018** | **2017** |
| Orthopaedics |  |  |  |
| Obstetrics & Gynecology |  |  |  |
| Ophthalmology |  |  |  |
| Otorhinolaryngology |  |  |  |
| Pediatrics |  |  |  |
| General Surgery |  |  |  |
| Neuro Surgery |  |  |  |
| Surgical Gastroenterology |  |  |  |
| Surgical Oncology |  |  |  |
| Critical Care |  |  |  |
| Emergency Medicine |  |  |  |
| Dermatology & Venerelogy |  |  |  |
| Family Medicine |  |  |  |
| General Medicine |  |  |  |
| Respiratory Diseases |  |  |  |
| CTVS |  |  |  |
| Cardiology |  |  |  |
| Gastroenterology |  |  |  |
| Genito Urinary Surgery |  |  |  |
| Nephrology |  |  |  |
| Neurology |  |  |  |
| Plastic Surgery |  |  |  |
| Hematology |  |  |  |
| Others |  |  |  |
| **LABORATORY** | **Year wise Number of Samples Processed** |
| Bacteriology |  |  |  |
| Anaerobic |  |  |  |
| Mycobacteriology |  |  |  |
| Virology |  |  |  |
| Parasitology |  |  |  |
| Microbial Immunology |  |  |  |
| Mycology |  |  |  |

**Date:**

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| **Signatures of Head of the Department** **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |