**Annexure- CM – RESPIRATORY MEDICINE**

**Spectrum of Diagnosis in the Specialty of Respiratory Medicine:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| Chronic Obstructive Pulmonary Disease |  |  |  |
| Asthma |  |  |  |
| Bronchiectasis |  |  |  |
| Pulmonary Tuberculosis |  |  |  |
| Lung Cancer |  |  |  |
| Bronchitis |  |  |  |
| Community acquired Pneumonia |  |  |  |
| Secondary Pulmonary Hypertension |  |  |  |
| Interstitial Lung Disease |  |  |  |
| Hypersensitivity Pneumonitis |  |  |  |
| Pleural Effusion |  |  |  |
| Pneurmthorax |  |  |  |
| Empyema |  |  |  |

**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) |