

**INFORMATION ABOUT DISTRICT PUBLIC HEALTH LABORATORY UNDER IDSP**

Name of the State: .....

Address of the District Laboratory: .....

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Name of the Laboratory In-Charge: .....

Contact details of Laboratory In-Charge: Phone no:

Mobile no: ..... Email Address .....

Contact details of Microbiologist posted under IDSP: Phone no:

Mobile no: ..... Email Address.....

Sources of funding for the laboratory (other than IDSP) .....

Signature of the Laboratory In-Charge/District Microbiologist

S. No.	Name of the Disease	Type of specimen/Tests	Being performed currently (Yes/No)	Number of tests done in last 1 year / number positive
1	Acute Diarrheal Disease/Enteric Fever	Stool		
		Blood		
		Other cultures		
		Serotyping for Cholera/ Salmonella typhi/paratyphi A		
		Antimicrobial sensitivity testing (AST)		
2	Hepatitis A	IgM ELISA		
3	Hepatitis E	IgM ELISA		
4	Measles	IgM ELISA		
5	Diphtheria	Alberts stain		
		culture		
6	Bacterial meningitis*	culture		
		AST		
		Latex agglutination test		
7	Japanese Encephalitis(JE)	IgM ELISA		
8	Dengue	IgM ELISA		
		NS 1 Antigen ELISA		
9	Chikungunya	IgM ELISA		
10	Leptospirosis	IgM ELISA		
11	Any other tests for locally prevalent epidemic prone disease (give name)			

\*not mandatory

Signature of the Laboratory In-Charge/District Microbiologist

**Status of Functional Equipment:**

<b>S No</b>	<b>Instrument</b>	<b>Total Number of Functional Equipment</b>	<b>Number Procured under IDSP</b>	<b>Date of Installation of equipment procured under IDSP &amp; warranty period</b>
1	Biosafety cabinet			
2	Autoclave (for sterilization)			
3	Autoclave (for decontamination)			
4	Hot Air Oven			
5	Incubators			
6	Binocular Microscopes			
7	ELISA Reader & Washer			
8	Refrigerator			
9	Deep freezer (-20 °C)/ any other			
10	Centrifuge			
11	Micropipette			
12	Water bath			
13	Weighing scale			
14	Mixer/Rotator			
15	Needle Destroyer			
16	Computer with printer and UPS			
	Others			

Signature of the Laboratory In-Charge/District Microbiologist

Status of manpower posted:

S No	Manpower posted	Yes/No	Qualification	Number		Date of posting (for staff under IDSP)
				Under State Services	Posted under IDSP	
1	Microbiologist					
2	Lab technician					
3	Lab assistant cum DEO					
4	Lab attendant					
	Others					

**Available Physical Infrastructure (Yes/ No) –**

1. Separate sample collection area
2. Sample storage facility
3. Separate working areas of the laboratory
4. Sterilization and disinfection area
5. Media preparation room
6. Store room for storage of lab supplies

**Whether Laboratory has continuous water supply? (Yes/No)**

**What is the source of Distilled water for media preparation?**

**Whether laboratory has continuous electricity supply? If no are critical equipment connected to power back up?**

**Documents available- (Yes/No)**

1. Standard Operating Procedures for sample collection
2. Standard Operating Procedures for tests done in the laboratory

Signature of the Laboratory In-Charge/District Microbiologist

3. Biomedical Waste management guidelines
4. Bio safety guidelines
5. Records of patient information and results of samples processed in lab
6. IDSP Reporting Formats (L form etc)

**Quality Management**

- **Internal Quality**
  - Whether lab has clear policy and procedure for performing IQC
  - Whether document is available for the same
- **Participation in EQAS (Yes/no)**
  - If yes name the EQAS organiser
  - Year of last participation
- **Is your lab Accredited**
  - If yes, name the accreditation body
  - Does the lab have designated Quality/Safety Officer

**Bio-safety & Bio-medical waste management (BMWM):**

Bio-safety & BMWM guidelines available	Yes	No
Does the lab segregate BMW at source?	Yes	No
Are BMWM rules and guidelines followed?	Yes	No
Do the Lab personnel use Personal Protective Equipment	Yes	No
If yes, Specify: Gloves/ Mask/ Apron/ Others		
Any vaccinations given to staff, If yes specify		

**Communication facilities:**

- Phone
- Internet

Signature of the Laboratory In-Charge/District Microbiologist

### **Participation in Disease Surveillance (Yes/No)**

- Are L forms (duly filled) sent weekly to DSU
- Are L form uploaded on the IDSP portal regularly
- Give details of the outbreaks investigated by the laboratory

### **Training of Staff**

- Are all new staff given Induction training (Yes/No)
- If yes, give details (number trained, site of training, date and duration of training etc.) (attach)
- In the last 12 months, did any of the staff working in the laboratory attend any In service training, If Yes, give details (attach)

### **Data Management**

How does the lab manage the data :

- Manual
- Computerised

If computerised, does the lab have Lab Information Management System (LIMS)

### **Equipment Maintenance/calibration**

Does lab have a policy for equipment calibration (Yes/No)

If yes, which one is applicable?

- AMC/CAMC
- Outsourced to external agency
- Biomedical engineer posted at district/facility
- Carried out in-house

### **Inventories/Supplies**

Does the lab have stock register (yes/No?)

Does the lab have a mechanism for ensuring regular supplies of reagents, kits and consumables (Yes/No). If yes, provide details (attach)

**Any other information/Comments** (provide constraints and suggestions for improving the lab facility for routine investigation of epidemic prone diseases and outbreak investigations)

Signature of the Laboratory In-Charge/District Microbiologist