

अखिल भारतीय आयुर्वेद संस्थान ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

F.No. S-12/17/2021-AIIA

Dated:2<sup>nd</sup> September, 2021

## <u>CIRCULAR</u>

It has been observed that many a times, various departments are facing difficulty in getting the facility of lab test and ECG/radiology tests etc. to be used for various ongoing research projects duly approved by the concerned authority.

2. As the expenditure on such research projects are to be incurred by the Institute, it would be economical, if the lab/radiology /ECG tests facility available in the Institute may be provided for such research projects.

3. In view of above, it has been decided that for duly approved research projects of the Institute, the lab tests/ECG etc. will be done without collecting any user charges on production test requisition form duly authorized by concerned HoD/Project In-charge.

4. The concerned Laboratory will maintain the test requisition form along with register of such tests done for record purpose as per the format enclosed herewith.

(Prof. (Dr.) Tanuja Manoj Nesari) Director

Copy to:

- 1. Dean(PG)/Dean(PhD)/All HoDs
- 2. HoD (RNVV)/DMS for information and compliance.

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(An Autonomous Organization under the Ministry of AYUSH, Govt. of India) Lab/radiology/ECG test requisition for Research Projects of the Institute

1.	Title of the Research Project	
2.	Approving Authority/Ref. No.	
	and date of approval of the	
	Project	
3.	Name of the Patient	
4.	Age, Gender & Id No.	
5.	Test (s) to be done	
6.	Justification	

Signature & Name/Designation of the recommending authority:

Signature & Name/Designation of the HoD/Project In-charge:

Register S.No. (to be filled by Concerned lab) & Date of test:

Signature & Name/Designation of the Lab In-charge:

I/627/2021

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## Format of register to be maintain by concerned Lab\*

S.No.	Name/Age/Gender o	Tests done	Title of the	Name & Designation of	Cost of user
	the Patient		Research	the concerned	charges weaved
			Project	HoD/Project In-charge	
1	2	3	4	5	6

\* Concerned lab will maintain the register in physical format duly certified page nos. by DMS along with register in MS-Excel for ready refence of the records.