

SOFTWARE MANUAL

ELECTRO DIAGNOSTIC

Version / Build Number 1.0.2136

Page 1

Introduction :

ELECTRO DIAGNOSTIC is a web based application which is developed by INTEGER SOLUTION, Silchar, Assam. The architecture of this application is Java programming language is used in server side and html and javascript as front end and MySQL for backend database.

Application is build with multiple modules like Patient Registration, Billing module, Quality assurance module, Lab reporting module, MIS module and Administration module. Every module wise we can create the user and set the privilege as per requirements. User name "Admin" will be the super user in the application. The software can be used via online or we can install it in offline server.

Software Overview :

To open this application we can use any web browser for example Google Chrome, Mozilla Firefox, Opera etc. After opening the browser in the URL (Address bar) we need to type **'localhost:8080/ELECTRO_DIAGNOSTIC'** and in the network computer we need to type the server IP address followed by :8080/ELECTRO_DIAGNOSTIC than press Enter button in the keyboard. After opening the application we have to enter the Username and Password to enter the application.

Below is the image of index page.

Welcome to
DIBASCAN SILCHAR
A Password
Dibascan Silchar V
Sign in
Don't have an account? Sign up

Fig: index page.

After successfully login will see the 'Home' page of the application. In the Home page there is a Navigation bar (Manu Bar) in the top and for quick access there are couple of shortcut buttons are available in the Home page.



Fig: Home

By clicking the 'NEW REGISTRATION' button new pop-up will appear, further we need to insert the details as per the Registration form.

	ECTRO DIA	GNOSTIC						🗶 admin	2	Dibascan Silcha	ar 📀
			Hom	e Registratio							
TIENT > NEW REGIS	FRATION >										NT BACK
SL NO.				ENTER REGISTRA	TION DETAILS					8	ACTION
	* Patient name:	Patient Name	* Age:	Age	~		* Gender:	○ Male ○ Fe	emale		
	Address:		State:				Pin Code:				
	* Contact 1:		Contact 2:				ation type:			~	
	Identification No.:		Doctor to meet:		~	Referrin	ig doctor's name:			~	
	Referring doctor's contact:		NORMAL R		T REPORT			SUBM	П		
				Fig: New	кеgistra	tion					
				— Pag							

Once we are done with the Registration process than the next step would be to create the Investigation bill for each patient. Bellow image is the example of how to add multiple Investigations for each patient. After adding all the Inv. Total amount is calculated automatically and application has the privilege to go with Full Payment option or Partial Payment option.

ELECTRO DIAGNO		ome Registration	Requisition +	Patient +	Billing +	Stock v	Department +	Reports •	nar 🤆
					Diang +	ORDER Y			
LING > CALCULATE CURRENT BILL >	REG NO.:-	202000005 NAME:- LANI	MIA CHOUDHURY	16			ADD	NEW ITEM	ADD REF DOC
Advance amount : 0	SL NO.	ITEM NAME		RATE	PRICE	DATE	ACTION		
Unpaid amount : 📮 0	1	CBC		500 X 1	500	06/05/202	1		
RESOURCE DETAILS	2.	KFT		520 X 1	520	06/05/202	1		
	3.	LFTI		1000 X 1	1000	06/05/202	1		
	4.	LIPID PROFILE		850 X 1	850	06/05/202	1		
Select item:	5.	THYROID PANEL (T3, T4	TSH)	550 X 1	550	06/05/202	1		
eferral doctor: AHMED HUSSAIN LASKAR 🗸				ΤΟΤΑ	L: 3420				
Agent name: 🗸 🗸									
Unit price:									
uantity / Days: 1									
Price: ADD									
							A	Activate	ND FOR FULL P
END FOR PARTIAL PAYMENT							G		ND FOR FULL P

Paid invoice layout after full bill payment.

ELECT	RO DIAGNOS	TIC					👤 benu	9 🛛	Dibascan Silcha	ar
		Home	Registration	Requisition +	Patient 🔻	Billing 🔻	Stock 🔻	Department 🔻	Reports 🔻	Adm
INVOICE >				PAID INVOICE NO	. : 1534				PR	INT BARG
			HAILAKANDI R	ASCAN DIAGNOST OAD, NEAR SECOND LINK 03842) 224709, 241701,	ROAD, SILCHAR	- 788006				534
				BILLING PAID INV	DICE					
REGISTRATION	NO. : 202101264								INVOICE	
PATIENT NAME AGE/GENDER	: SATYABALA DAS : 48 YEARS / MALE CTOR : DR. B NATH								DATE : Contact :	
PATIENT NAME AGE/GENDER	: 48 YEARS / MALE			RATE		р	RICE			
PATIENT NAME AGE/GENDER REFERRING DO	: 48 YEARS / MALE CTOR : DR. B NATH			RATE 320 X 1			RICE 320		CONTACT :	
PATIENT NAME AGE/GENDER REFERRING DO SL NO.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME					:			CONTACT : Date	
PATIENT NAME AGE/GENDER REFERRING DO SL NO. 1.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME BLOOD RE			320 X 1		:	320		CONTACT : DATE 01/02/2021	
PATIENT NAME AGE/GENDER REFERRING DO SL NO. 1. 2.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME BLOOD RE KFT			320 X 1 520 X 1		: ! 1	320 520		CONTACT : DATE 01/02/2021 01/02/2021	
PATIENT NAME AGE/GENDER REFERRING DO SL NO. 1. 2. 3.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME BLOOD RE KFT LFTI			320 X 1 520 X 1 1000 X 1		: ! 1 1	320 520 000		CONTACT : DATE 01/02/2021 01/02/2021 01/02/2021	01/02/ 970686
PATIENT NAME AGE/GENDER REFERRING DO SL NO. 1. 2. 3. 4.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME BLOOD RE KFT LFT I USG ABDOMEN			320 X 1 520 X 1 1000 X 1 1300 X 1 260 X 1		: ! 1 1	320 520 000 300		CONTACT : DATE 01/02/2021 01/02/2021 01/02/2021 01/02/2021	
PATIENT NAME AGE/GENDER REFERRING DO SL NO. 1. 2. 3. 4.	: 48 YEARS / MALE CTOR : DR. B NATH ITEM NAME BLOOD RE KFT LFT I USG ABDOMEN			320 X 1 520 X 1 1000 X 1 1300 X 1 260 X 1 TO		: ! 1 : : : :	320 520 000 300 260		CONTACT : DATE 01/02/2021 01/02/2021 01/02/2021 01/02/2021	970686

Fig: Paid Invoice

1. AI	ime : N2				AD, SILCHAR - 788006 41702 MOB.: 9435620734 ICE		6618
SL NO. I' 1. AI		AZIMA BEGUM 4 Years / Fema		D		Date	e No. : 661 : 23/06/202 : 910111163
1. AI	TEM NAME	R. (MRS.) 5	G BANDANA M		RATE	PRICE	DATE
	BO/RH GROU	PING			150 X 1	150	23/06/202
	BC WITH ES				500 X 1	500	23/06/2021
3. RI	RBS				90 X 1	90	23/06/202
4. TI	HYROID PAN	EL (T3, T4,TS	н)		550 X 1	550	23/06/202
	JSG OF GRAV				1500 X 1	1500	23/06/202
6. V:	IROLOGY PRO	OFILE (HIV I	& II , HBSA	.G & VDRL)	1000 X 1	1000	23/06/2023
					TOTAL AMOUNT: DISCOUNTED AMOUNT: PAID :	0	0.0 % 23/06/202
ignature							
PATIENT > CREATE R	Patient Id :	: 201900001		IL, NAME, CONT. CONT JISTTION FORM NT DETAILS Patient Name :	Billing + Stock + Department + ABHIJIT NATH	bascan Silchar Reports • A	Contraction
œ	REQUISITION > Patient Id : Age :	: 201900001	Registration No	IL, NAME, CONT	Billing • Stock • Department • ABHIJIT NATH Male		1000
œ	REQUISITION > Patient Id : Address : E-mail Id :	: 201900001 : 33 : Das colony, Silchar	Registration No	I DETAILS Patient Name : Gender : Phone No. : Referring Doctor :	Billing + Stock + Department + ABHUIT NATH Male 889799799		1000
œ	REQUISITION > Patient Id : Age : Address :	: 201900001 : 33 Das colony, Sikhar : HCV01	Registration No	I DETAILS Patient Name : Gender : Phone No. : Referring Doctor :	ABHIJIT NATH Male 889798799		1000
œ	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 :	201900001 33 5 Das colony, Siichar 6 MCV01	Registration No	L, name, con) (C) JJSJTJON FORM MT DETAILS Patient Name : Gender : Phone No. : Referring Doctor : Test Description 1 : Test Description 2 : Test Description 3 :	Billing + Stock + Department + ABHUIT NATH Male 8809799799 [[Hepatitis C viral load []]]		1000
œ	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 : Test Code 4 :	201900001 2 33 2 Das colony, Silchar MCVD1 2 2 2 2 2 2 2 2 2 2 2 2 2	Registration No	A name, coni Con JUSTION FORM AT DETAILS Patient Name : Phone No. : Referring Doctor : Test Description 2 : Test Description 3 : Test Description 4 :	ABHJJIT NATH Male 889799799 [[Hepatitis C viral load	Raports • A	1000
œ	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 :	201900001 33 Das colony, Silchar HCV01 	Registration No	L, name, con) (C) JJSJTJON FORM MT DETAILS Patient Name : Gender : Phone No. : Referring Doctor : Test Description 1 : Test Description 2 : Test Description 3 :	ABHIJIT NATH Male 889798799 [[Hepatitis C viral load [1000
œ	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 3 : Test Code 3 : Test Code 4 : Date of Drawn : Date of receiving :	: 201900001 : 33 Das colony. Sichar :	Registration No TEST REQU PATIEN	International and a second a	Billing * Stock * Department *	Raports > A	1000
PATIENT > CREATE R	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 3 : Test Code 3 : Test Code 4 : Date of Drawn : Date of receiving :	: 201900001 : 33 : Das colony, Silchar HCVD1 : :	Registration No TEST REQU PATTER	C. name. con Con Concernation Concernatio Concernation Concernation Concernation Concernation Co	ABHUIT NATH Male 88979399 [Hepatitis C viral load	Raports > A	1000
PATIENT > CREATE R	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 Test Code 3 : Test Code 3 : Test Code 4 : Date of Drawn : Date of Prewing : Temperature Recd :	: 201900001 : 33 : Das colony, Sichar HCVD1 : : : : : : : : : : : : :	Registration No TEST IRQU PATEN	Le name, con Con Constant STATUS CON FORM ST DETAILS Patient Name I: Gender : Phone No. : Phone No. : Phone No. : Phone No. : Phone No. : Constant Name I Referring Doctor : Test Description 1 : Test Description 2 : Test Description 3 : Test Description 4 : Time of Drawn : Time of Drawn : Time of Drawn : Specimen Type : NICAL INFORMATION	Billing * Stock * Department *	Raports > A	1000
PATIENT > CREATE R	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 : Test Code 3 : Test Code 3 : Test Code 4 : Date of Drawn : Date of receiving :	: 201900001 : 33 : Das colony, Sichar HCVD1 : : : : : : : : : : : : :	Registration No TEST REQU PATTER	C. name. con Con Concernation Concernatio Concernation Concernation Concernation Concernation Co	Billing * Stock * Department *	Raports > A	1000
PATIENT > CREATE R	REGUISITION > Patient Id : Age : Address : E-mail Id : Test Code 1 Test Code 3 : Test Code 3 : Test Code 4 : Date of Drawn : Date of Prewing : Temperature Recd :	: 201900001 : 33 Das colony, Silchar :	Registration No TEST IRQU PATEN	Le name, con Con Constant STATUS CON FORM ST DETAILS Patient Name I: Gender : Phone No. : Phone No. : Phone No. : Phone No. : Phone No. : Constant Name I Referring Doctor : Test Description 1 : Test Description 2 : Test Description 3 : Test Description 4 : Time of Drawn : Time of Drawn : Time of Drawn : Specimen Type : NICAL INFORMATION	Billing * Stock * Department *	Raports > A	1000
DATIENT > CREATE R	REQUISITION > Patient Id : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 : Test Code 3 : Date of Drawn : Date of receiving : Temperature Recd :	: 201900001 : 33 Das colony, Silchar :	Registration No TEST IRQU PATER	Le name, con Con Constant STATUS CON FORM ST DETAILS Patient Name I: Gender : Phone No. : Phone No. : Phone No. : Phone No. : Phone No. : Constant Name I Referring Doctor : Test Description 1 : Test Description 2 : Test Description 3 : Test Description 4 : Time of Drawn : Time of Drawn : Time of Drawn : Specimen Type : NICAL INFORMATION	Billing * Stock * Department *	Raports > A	1000
PATIENT > CREATE R	REQUISITION > Patient Id : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 : Date of Drawn : Date of receiving : Temperature Recd : H/O Medication : Status of Medication :	: 201900001 : 33 : Das colony, Silchar :	Registration No TEST REQU PATTER d (2-8*Celsius) ESSENTTAL CLI	Ansame, coni Construction ADSTITION FORM AT DETAILS Patient Name : Gender : Phone No. : Phone No. : Phone No. : Phone No. : Test Description 1 : Test Description 3 : Test Description 4 :	ABHIJIT NATH Male 809799799 Hepatitis C viral load 	Raports > A	1000
PATIENT > CREATE R	REQUISITION > Patient Id : Address : E-mail Id : Test Code 1 : Test Code 2 : Test Code 3 : Date of Drawn : Date of receiving : Temperature Recd : H/O Medication : Status of Medication :	: 201900001 : 33 Das colony, Silchar :	Registration No TEST REQU PATTER d (2-8*Celsius) ESSENTTAL CLI	Ansame, coni Construction ADSTITION FORM AT DETAILS Patient Name : Gender : Phone No. : Phone No. : Phone No. : Phone No. : Test Description 1 : Test Description 3 : Test Description 4 :	ABHIJIT NATH Male 809799799 Hepatitis C viral load 	Raports > A	

Print Layout of Requisition Form.

	HAILAKANDI ROAD, NE	CAN DIAGNOSTIC CENTRE AR SECOND LINK ROAD, SILO 224709, 241701, 241702 MOB.:	
	TES	T REQUISITION FORM	
		Patient Details	
Patient Id	: 201900001	Lab No.	: 34
Patient Name	: ABHIJIT NATH	Age/Gender	: 33 / Male
Address	: MEHERPUR, SILCHAR	Phone No.	: 889798799
E-mail Id	: abhijith.nath@gmail.com	Referring Doctor	: D K NARAYAN MD
Test Code 1	: HCV01	Test Description 1	: Hepatitis C viral load
Test Code 2	:	Test Description 2	:
Test Code 3	:	Test Description 3	:
Test Code 4	a:	Test Description 4	
Date of Drawn	: 16/02/2021	Time of Drawn	: 03:16 AM
Date of receiving	: 17/02/2021	Time of receiving	: 04:10 PM
Temperature Recd		Specimen Type	: W.blood EDTA, Urine, Swab
	Esser	ntial Clinical Information	
H/O Medication	: No	Status of Medication	: Ongoing (Duration : 3 days)
Draw	n By Receive	d By	Signature of Requisitioner / Patient Date :
	n By Received It is mandatory to provide all the re		

Fig: Requisition Form

To create Pathology Report we have to go to Department in the menu bar then Pathology -> Pathology Report -> Create invoice wise report.

÷	→ C () lo	ocalhost:8080/ELEC	CTRO_DIAGNOST	IIC/modules/pa	thology/create_p	athology_in	ivoice_wise	_report.jsp	#no-back-bu	tton				☆ :	• ≕ €) :
C	ELI	ECTRO [DIAGNOS	STIC							admin	5	Diba	scan Silchar	0	0
C				Hon	ne Regist	ration	Requisitio	on v	Patient 🔻	Billing 🔻	Stock 🔻	Departmen	it 🔻	Reports 🔻	Administr	ation
PATHO	LOGY > CREATE IN	VOICE WISE REPOR	RT >													
					Sta	art date	End	date								
_			PATHOLOG	Y INVOICE DE	TAILS FROM 27/	/02/2021 TC	0 27/02/2	021				TEST DE	ETAILS O	F INVOICE NO	. 31	
SL.	DATE	INV. NO.		PATIENT NAME		CONTA		EFERRED	вү	REPOR	т түре	2021000			RINKU RA	WI DAS
1.	27/02/2021	32	201900002	BINA SUTRADH	IAR	8724985	5651 BI	IPLOB NAT	H MBBS MD	NORM REPOR		1. HDL C				
2.	27/02/2021	31	202100001	RINKU RANI DA	AS	9887897	7970 BI	IPLOB NAT	H MBBS MD	NORM REPOR				REATE REPOR	T	
												1				
BACK																
					Г¦а,	Creat			wise r							
					Fig.	Creat	e mv	oice	wiser	eport.						
					_					•						
					_					•						2
(EL	ECTRO	DIAGNO	STIC							🙎 benu	9	Diba	scan Silchar	(0
(Er Er	ECTRO	DIAGNO	STIC ⊮		tration	Requisiti		Patient •	Billing 🔹	② benu Stock ▼	Departmet		<mark>scan Silchar</mark> Reports ▼	Administr	
Pa	EL thology > Create		DIAGNO	Ho		stration	Requisitio	on ¥	Patient v						Administr	ration
Pa			DIAGNO	Ho	me Regis 202104994 NA	stration	Requisiti TAJYOTI C	on v	Patient v						Administr	_
TEST	thology > Create	e Report 🗲	DIAGNO	Ho	me Regis 202104994 NA	tration ME:- SHAN	Requisiti TAJYOTI C	on v	Patient • ORTY						Administr	ration
TEST	thology > Create	e Report 🗲	DIAGNO	Ho	me Regis 202104994 NA	tration ME:- SHAN	Requisiti TAJYOTI C	on v	Patient • ORTY						Administr	ration
TEST	thology > Create	e Report 🗲		Ho	me Regis 202104994 NA	stration ME:- SHAN [*] stration No., 1	Requisiti TAJYOTI C name, cont	on v	Patient • ORTY		Stock *		nt v		Administr	ration
SL	thology > Create T DETAILS , SGOT, PBF ST	e Report > TUDY. <u>HB</u> .	E DEPAR	Ho REG NO.:- :	me Regis 202104994 NA Regi	stration ME:- SHAN [*] stration No., 1	Requisiti TAJYOTI C name, cont	on v CHAKRAE	Patient • OR TY SEARCH Referel	Biling •	Stock •	Departmen	nt v		Administr	ration
- TE ST <u>SGPT</u> SL 1.	thology > Create T DETAILS	e Report > TUDY, HB, SUB TEST NAM	E DEPAR	Ho REG NO.:- 2	те Regis 202104994 NA Regi NORMAL RANGE Male:13.0 17.0 g/dl	tration ME:- SHAN' stration No., 1	Requisiti TAJYOTI C name, cont	on v CHAKRAE	Patient OR TY SEARCH Referel doctor:	Biling •	Stock *	Departmen	nt v		Administr	ration
- TE ST <u>SGPT</u> SL 1.	T DETAILS SGOT. PBF ST TEST NAME BLOOD	e Report > TUDY, HB, SUB TEST NAM	E DEPAR	Ho REG NO.:- 2	me Regis 202104994 NA Regi NORMAL RANGE Male:13.0	tration ME:- SHAN' stration No., 1	Requisiti TAJYOTI C name, cont	on v CHAKRAE	Patient • OR TY SEARCH Referel	Biling •	Stock •	Departmen	nt v		Administr	ration
- TE ST SGPT SL 1.	thology > Create T DETAILS , <u>SGOT</u> , <u>PBF ST</u> TEST NAME BLOOD REPORT BLOOD	e Report > TUDY, HB, SUB TEST NAM	e depar Haem	Ho REG NO.:- 2	Regis 202104994 NA Regis NA Regis NA Male: 13.0 - 17.0 g/dl Female: 11.5 Female: 11.5 - 15.0 g/dl g/dl UPTO 40 U/L	tration ME:- SHAN' stration No., 1	Requisiti TAJYOTI C name, cont	on v CHAKRAE	Patient OR TY SEARCH Referel doctor: Reporting doctor: Department	Biling •	Stock • CREATE	Departmen	REPORT		Administr	BACK
- TE \$1 SGPT 1. 2.	thology > Create T DETAILS SGOT. PBF ST TEST NAME BLOOD REPORT BLOOD REPORT	e Report > TUDY, HB. SUB TEST NAME Hb% SGOT (AST)	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY HEMISTRY	Regis 202104994 NA Regis Regis NORMAL RANGE Male: 13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl UPTO 40 U/L U/L	tration ME:- SHAN' stration No., i RESULT 8.6 g/dl 40.2 U/L	Requisiti TAJYOTI C name, cont	CHAKRAE	Patient OR TY SEARCH Referel doctor: Reporting doctor:	Billing +	Stock • CREATE ANTI NATH, M	PATHOLOGY ID.	REPORT Test name:	Raports •	Administr	ation BACK
- TE \$T SGPT 1. 2. 3.	thology > Create T DETAILS , <u>SGOT</u> , <u>PBF ST</u> TEST NAME BLOOD REPORT BLOOD	e Report > TUDY. HB. SUB TEST NAM Hb%	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY	Regis 202104994 NA Regis NA Regis NA Male: 13.0 - 17.0 g/dl Female: 11.5 Female: 11.5 - 15.0 g/dl g/dl UPTO 40 U/L	tration ME:- SHAN ^{**} stration No., i stration No., i RESULT 8.6 g/dl	Requisiti TAJYOTI C name, cont	ON V CHAKRABE	Patient • OR TY SEARCH Referel doctor: Reporting doctor: Department name:	Billing +	Stock • CREATE ANTI NATH, M	Department PATHOLOGY ID.	REPORT Test name:	Raports •	Administr	ation BACK
- TE \$T SGPT 1. 2. 3.	thology > Create T DETAILS	e Report > TUDY, HB, SUB TEST NAME Hb% SGOT (AST)	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY HEMISTRY	Regis 202104994 NA Regis Regis NORMAL RANGE Male: 13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl UPTO 40 U/L U/L UPTO 45 U/L U/L	tration ME:- SHAN' stration No., i RESULT 8.6 g/dl 40.2 U/L	Requisiti TAJYOTI C name, cont	ON V CHAKRABE	Patient OR TY SEARCH Referel doctor: Reporting doctor: Department name: Comments :	Billing +	Stock • CREATE ANTI NATH, M	PATHOLOGY ID.	REPORT Test name:	Raports •	Administr	ation BACK
- TE \$T SGPT 1. 2. 3.	thology > Create T DETAILS	e Report > TUDY, HB, SUB TEST NAME Hb% SGOT (AST)	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY HEMISTRY	Regis 202104994 NA Regis Regis NORMAL RANGE Male: 13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl UPTO 40 U/L U/L UPTO 45 U/L U/L	tration ME:- SHAN' stration No., i RESULT 8.6 g/dl 40.2 U/L	Requisiti TAJYOTI C name, cont	ON V CHAKRABE	Patient • OR TY SEARCH Referel doctor: Reporting doctor: Department name:	Billing +	Stock • CREATE ANTI NATH, M	PATHOLOGY ID.	REPORT Test name:	Raports •	Administr	ation BACK
- TE \$T SGPT 1. 2. 3.	thology > Create T DETAILS	e Report > TUDY, HB, SUB TEST NAME Hb% SGOT (AST)	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY HEMISTRY	Regis 202104994 NA Regis Regis NORMAL RANGE Male: 13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl UPTO 40 U/L U/L UPTO 45 U/L U/L	tration ME:- SHAN' stration No., i RESULT 8.6 g/dl 40.2 U/L	Requisiti TAJYOTI C name, cont	ON V CHAKRABE	Patient OR TY SEARCH Referel doctor: Reporting doctor: Department name: Comments : Sample	Billing +	Stock • CREATE ANTI NATH, M	PATHOLOGY ID.	REPORT Test name:	Raports •	Administr	ation BACK
- TE \$T SGPT 1. 2. 3.	thology > Create T DETAILS	e Report > TUDY, HB, SUB TEST NAME Hb% SGOT (AST)	e depar Haem Bioch	Ho REG NO.:- : RTHENT NAME IATOLOGY HEMISTRY	Regis 202104994 NA Regis Regis NORMAL RANGE Male: 13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl UPTO 40 U/L U/L UPTO 45 U/L U/L	tration ME:- SHAN' stration No., i RESULT 8.6 g/dl 40.2 U/L	Requisiti TAJYOTI C name, cont	ON V CHAKRABE	Patient OR TY SEARCH Referel doctor: Reporting doctor: Department name: Comments : Sample	Billing +	Stock • CREATE ANTI NATH, M	PATHOLOGY ID.	REPORT Test name: T	Raports •	Administr	ation BACK

Fig: Create pathology report.

In the create report page lab technical will have the privilege to enter the results as per test. Other than lab technician user privilege no one can enter the create report page.

	Home	e Registration Rec	uisition • Patient • Billing •	Stock v De	epartment • Reports	 Admir
athology > Update Report >	REG NO.:- 20	2104994 NAME:- SHANTAJY	OTI CHAKRABORTY			
		PENDING PATHOL	OGY REPORT DETAILS			
Serial no.: 1114 Comments : Sample Type : Serum	Referel doctor: BHASKAR KAN	TI NATH, MD. Reg	DR ANIRUDDHA DEBNA	NTH MD	SAVE CH. TECHNICIAN'S A	
SL TEST NAME	SUB TEST NAME	DEPARTMENT NAME	NORMAL RANGE	RESULT		ACTION
1. BLOOD REPORT	Hb%	HAEMATOLOGY	Male:13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl	8.6 □ H □ L	g/dl	,ś 🗙
2. BLOOD REPORT	SGOT (AST)	BIOCHEMISTRY	UPTO 40 U/L U/L	40.2	U/L	<u>,</u> ś 🗙
	SGPT (ALT)	BIOCHEMISTRY	UPTO 45 U/L U/L	35.7	U/L	<u>,</u> 💰 🗙

Fig: Update pathology report.

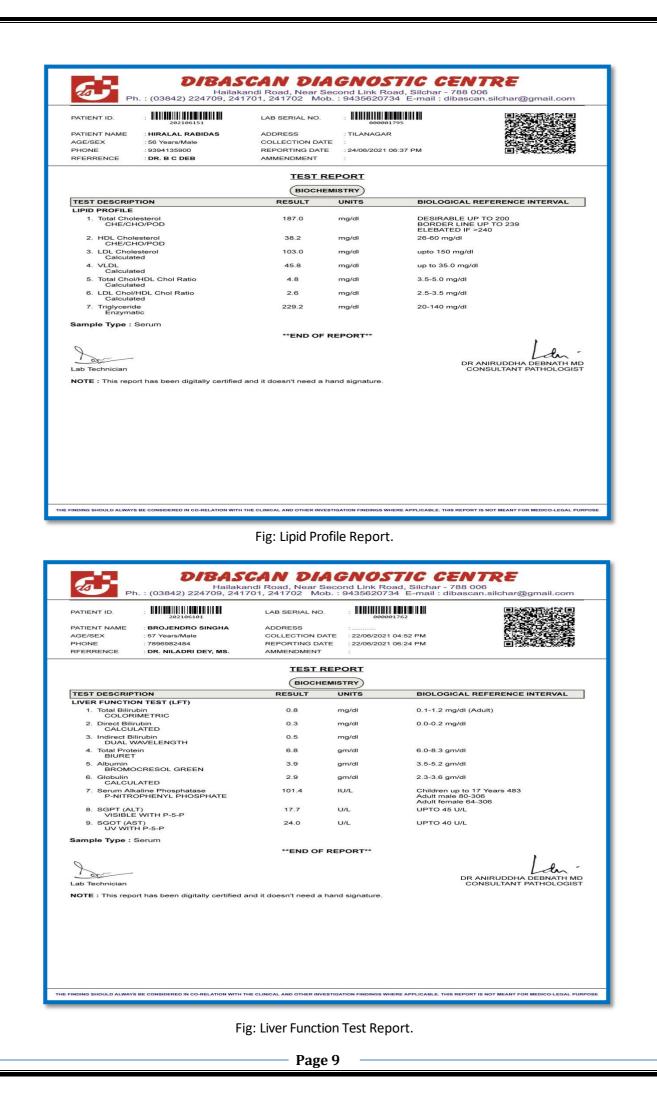
Report update page. Lab technician will have the second round of validation scope. In case of any modification software will count as Technicians amendment.

6	ELECTRO DI	AGNOSTIC			aniruddha	Q Dibascan Silch	ar 🧿
		Home	Registration Requisit	ion • Patient • Billing	• Stock • D	epartment • Reports •	Administration
Pathol	ogy > Update Report >	REG NO.:- 202	104994 NAME:- SHANTAJYOTI	CHAKRABORTY			BACK
			PENDING PATHOLOGY	REPORT DETAILS			
	Serial no.: 1114 Refe	rel doctor: BHASKAR KANTI	NATH, MD. Reportin	ng doctor: DR ANIRUDDHA DE	BNATH MD	TECHNICIAN'S AME	NDMENT :
	Comments :					UPDATE RE	PORT
	Sample Type : Serum						
SL	TEST NAME	SUB TEST NAME	DEPARTMENT NAME	NORMAL RANGE	RESULT		ACTION
1.	BLOOD REPORT	Hb%	HAEMATOLOGY	Male:13.0 17.0 g/dl Female: 11.5 15.0 g/dl g/dl	8.6 □ H □ L	g/dl	<u>.</u>
2.	BLOOD REPORT	SGOT (AST)	BIOCHEMISTRY	UPTO 40 U/L U/L	40.2 □ H □ L	U/L	. š ×
3.	BLOOD REPORT	SGPT (ALT)	BIOCHEMISTRY	UPTO 45 U/L U/L	35.7 □ H □ L	U/L	. š ×
4.	Select department	Select test name	Select sub test name)			A D D

Fig: Update pathology report with doctor privilege.

The final update report page will need the reporting doctor's login credential privilege to update the report. Once the reporting doctor will login with the given credential than only software will give the privilege to update report. While updating the report doctor will see is there any technicians amendment or not.

Some of the report formats are as follows.



PATIENT ID.	:	LAB SERIA	LNO. :		
AGE/SEX PHONE	: AJAY NATH : 67 Years/Male : 8474851015 : DR. KANAKDEEP SHARMA	ADDRESS COLLECTIO REPORTIN AMMENDM	ON DATE : 2 G DATE : 2	SILCHAR 22/06/2021 04:52 PM 22/06/2021 08:06 PM	
		TEST	REPORT		
		HAEMA	TOLOGY		
TEST DESCRIPTION		RESULT	UNITS	BIOLOGICAL F	REFERENCE INTERVAL
	Count(TLC) CAL IMPEDANCE	7400	/cumm	4,000-10,000 /c	umm
Neutrophi	.eucocytes Count Is CAL IMPEDANCE	65	%	40 - 80 %	
Lymphocy ELECTRIC	rtes CAL IMPEDANCE	28	%	20 - 40 %	
Monocyte	s	05	%	2 - 10 %	
Eosinophi	IS CAL IMPEDANCE	02	%	1 - 6 %	
Basophils ELECTRIC	CAL IMPEDANCE	00	%	<1 - 2 %	
3. Hb% SPECTRO	PHOTOMETER	11.9	g/dl	Male:13.0 17. Female: 11.5	
4. ESR MODIFIED	WESTERGREN	20	mm/AEF	H (Westergren) M Female : 0-20 n	ale : 0-10 mm A.E.F.H, nm A.E.F.H
5. RBC Count ELECTRIC	CAL IMPEDENCE	4.30	mill / cun	nm 3.5 - 4.5 mill / c	umm
6. PCV (Packe ELECTRC CALCULATI	NIC PULSE &	39.6	%	36 - 46 %	
7. MCV CALCULA	TED	92.7	fl	83 - 101 fl	
8. MCH CALCULA	TED	27.8	pg	27 - 32 pg	
9. MCHC CALCULA		31.2	%	31.5 - 34.5 %	
10. Platelet Cou ELECTRIC	nt CAL IMPEDANCE	1.40	Lac/cum	m 1.5-4.0 Lac/cun	Im
Sample Type : W	hole blood				
		END OF	REPORT		1
0					ρ
1 or					Lan
Lab Technician				DR	ANIRUDDHA DEBNATH M DNSULTANT PATHOLOGIS

Fig: Complete Blood Count Report.

Under the "Report" section will get the report of "Daily Sales Report", "Department wise sales report", "Patient wise report" and many more.

ELE	CTRO DIAGN	IOSTIC						🔍 admin		💡 Dibas	can Silchar	
				Home Re	gistration	Requisition 👻	Patient 👻	Billing 🔻	Stock 🔹	Department 🔻	Reports 🔹	Ad
VISE SALES	REPORT >											
			Start date	End date	Select dep	artment	~ 🤇					
				BILLING SALES REPORT	FROM 08/06/2021	TO 08/06/202	1					
SL.	ENDED BY	INV. NO.	REG. NO.	PATIENT NAME		ſ	OCTOR NAME				CASH	CA
1.	admin	6112	202105650	H.K BAISNAB		8	LASKAR				600	(
2.	admin	<u>6113</u>	202105651	AJIAN RONGMEI		F	RAJEEB DEY				1200	
З.	admin	<u>6114</u>	202105652	HENA BEGUM MAZUMDER		N	ILADRI DEY, MS.				7000	
4.	admin	6115	202105653	BISWAJYOTI DAS		F	RAJEEB DEY				400	
5.	admin	6116	202105654	HAMIDA B BARBHUIYA		E	ETTIPA SINHA. MD				3240	
6.	admin	<u>6117</u>	202105655	ASHUTOSH SHIL		E	BISWARUP DEB				1300	
7.	admin	6118	202105656	ANIKAT DAS		F	RDAS				600	
8.	admin	6119	202105657	NANDA DAS		L.	JTPAL MAHATI				1300	
9.	admin	6120	202105658	LOVELY DAS		E	R KAR				1500	
10.	admin	<u>6121</u>	202105659	FARUK UDDIN LASKAR		/	K.PAUL				400	
11.	admin	<u>6122</u>	202105660	MONI B LASKAR		F	ROSENJIT GHOS	н			2000	
12.	admin	6123	202105661	SUJIT MALLAH		h	ANAB NATH				4000	
13.	admin	6124	202105662	MEHBUB THUSSAIN		E	. SWEETY				600	
14.	admin	6125	202105663	SIBENDRA CHANDRA PAUL		1	BOCHAU SINGHA				600	
15.	admin	<u>6126</u>	202105664	ARUN RABI DAS		E	R KAR			Ac	tiv at e W	in
16.	admin	6127	202105665	GULBAHAR BARBHUIYA		1	S APHY				to Set tings	

Fig: Billing Date wise Sales Report

Page 10

From Administration we can control the full application. Administration page will give the privilege of creating new user id, Change company details, create new department, SMS Details and user wise privilege setup this enables the security policy of the application. Only "Admin" user id will have the access of this page.

	ELECTRO	O DIA	GNOSTIC		Curr	rently logged in as: a	admin	💡 Diba	scan Silchar	•
			Hor	ome Registration	Requisition +	Billing - Sto	ock v De	epartment 🔹	Reports 🔹	Administration
								epatitis C Test		
					/	Swab Collection time	a	ample Collection		
			TANK OF ADDU CATION			Swab Collection repe				
			MANAGE APPLICATION BACKUP DATAB			Sample Receiving tin Sample rejection time		1		
			CREATE USE		ADL]		
			COMPANY DET/							
			DEPARTMENT DE							
			EXPENDITURE S							
			AGENT DETAI							
			SMS DETAIL:							
			SMS DE IAIL	<u>.</u>						
BACK										
		- 2		g: Adminis	tration		A	♀ pi	011-1	nar 🧿
		_	GNOSTIC				2) benu		bascan Silch	
e	Reg. No., name, con	ntact 🤇	Home Re	egistration Requis	isition 👻 Patient y	▼ Billing ▼ S	Stock 🔻	Department 👻	Reports 🔻	Administration
PEND	DING INVOICE DETAI	ILS							PATHOLOGY RE	PORTS
INV. PAT	ATIENT NAME R	REM. AMT.	NEW REGISTRATION	CREATE PATHOL	LOCY REPORT	DATE WISE SALES F	PEPORT	SERIAL RE	G. NO. PAT	IENT NAME
			FIX APPOINTMENT	CREATE SEME		INVOICE WISE RE	PORT			
4522 BIKAS	SH CHORAI	2500	APPOINTMENT DASHBOARD	CREATE CULTU	JRE REPORT	DEPT. WISE SALES H	REPORT			
	HANGSHU ABAIDYA	690	BILLING SALE	VIEW PATHOLO	JGY REPORT	BACKUP DATAB	ASE			
	J DEBNATH	2000						1116 2021	04989 MANA	ABENDRA GOSWAM
3202 JITEN		500						1117 2021	04989 MANA	
			Hospital details	≡	/					ABENDRA GOSWAMI
			Hospital details	=	Curre	ent bill details		1110 2021	04989 MANA	
			New patient -	-	Curre	ent bill details In Rs.		1118 2021	04989 MAN/	ABENDRA GOSWAM

POWERED BY : INTEGER SOLUTION, MEHERPUR, SILCHAR, ASSAM. CONTACT NO.: 7896499703, E-mail : integersolution09@gmail.com

202105005 202104963 202104941 REGIST

In the home page of the application there is a "BACKUP DATABASE" button is available to take the backup. This Backup button will create a .sql file the Drive D:\Backup_Database folder. For secondary backup we can configure the cloud backup or USB backup.

rint-database backup()-