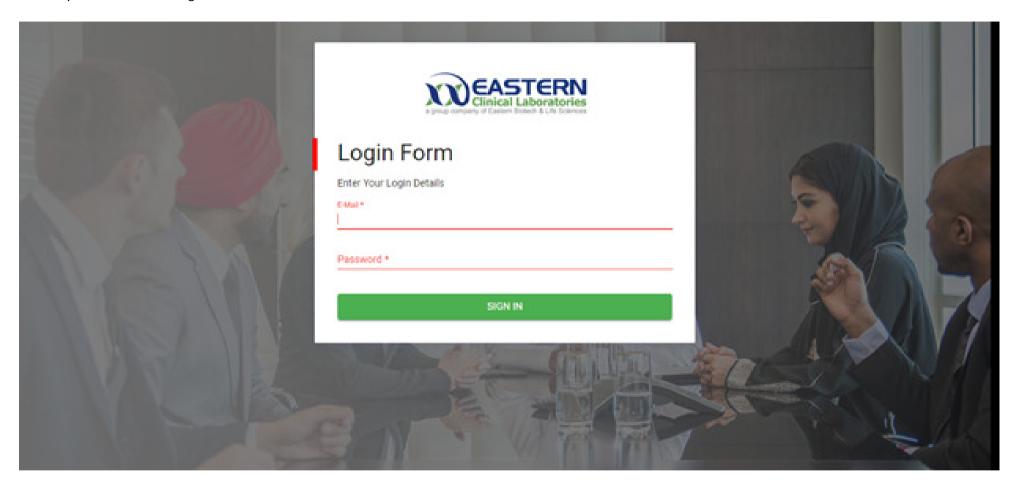
To include Forgot Email ID / Password?, please contact your Administrator.

<u>Click here</u> to ask to reset your credentials. (This will automate the email to the user & the administrator)

You may use as like GMAIL login



HOME DASHBOARD

Is Date Range is necessary

This Week / Month / Quarter / Year

Newsfeed?

Google Maps – Update

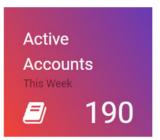
Google Branches – Update

Activate Existing Location Weather – And possibility to include 2 or 3

Change - PATIENT FEEDBACK SURVEYS (Chart)

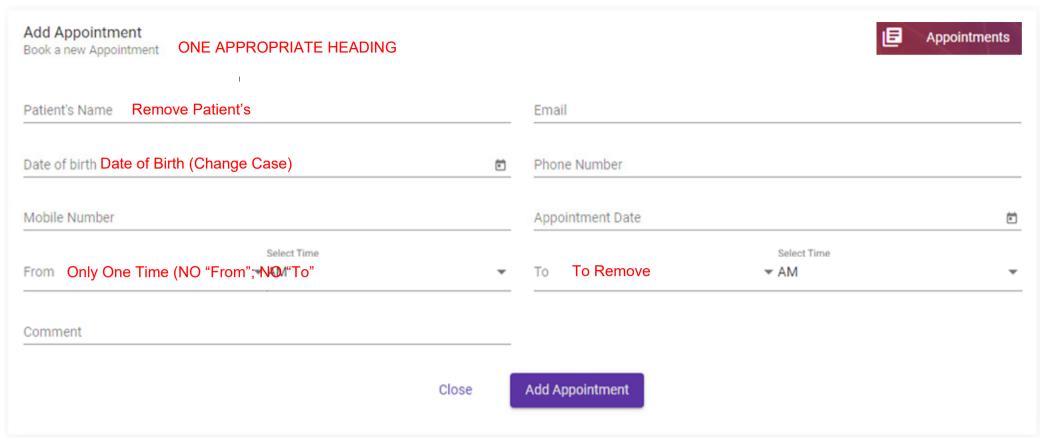
Change – ACCOUNT FEEDBACK SURVEYS (Chart)

Activate - Social Media Accounts Shared



Newsfeed

Stories posted today



PLEASE INCLUDE:

LANDLINE GENDER

ADDRESS INFORMATION

P.O. BOX
AREA (DROP DOWN)
CITY (DROP DOWN)
COUNTRY (DROP DOWN)

SORTING ORDER:

DEMOGRAPHICS:

NAME

DATE OF BIRTH

GENDER LANDLINE MOBILE EMAIL

ADDRESS INFORMATION

P.O. BOX

AREA (DROP DOWN)
CITY (DROP DOWN)
COUNTRY (DROP DOWN)

SCHEDULE:

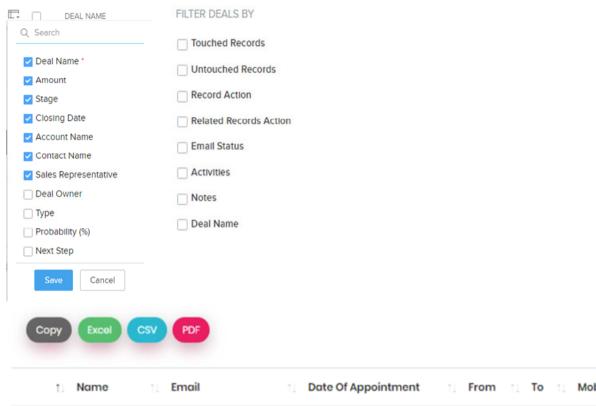
APPOINTMENT DATE APPOINTMENT TIME

COMMENTS

EMAIL TRIGGERS:

PATIENT RECEPTION LAB SUPERVISOR

FILTERS TO GIVE (PENDING / CANCELLED / COMPLETED)



APPOINTMENT LIST:

ID

NAME

GENDER

LANDLINE

MOBILE

EMAIL

AREA (DROP DOWN)

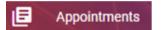
CITY (DROP DOWN)

COUNTRY (DROP DOWN)

APPOINTMENT DATE APPOINTMENT TIMES

STATUS

EDIT / DELETE



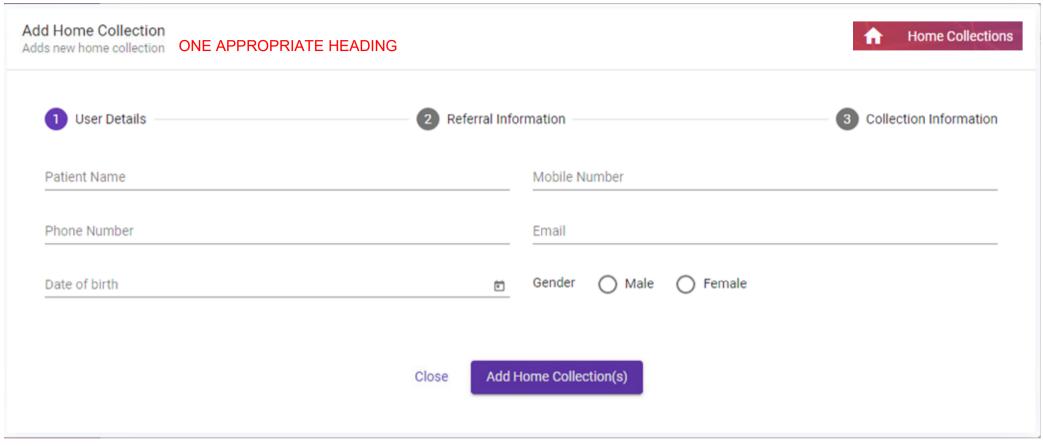
1	Name	Email	Date Of Appointment	T. From	To 🕦	Mobile	Consulting Doctor	1 Injury/Condition	1 Action
	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	② ①
P	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	② ①
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	② ①

PREVIOUS









SORTING ORDER: REFERRAL INFORMATION:

ORGANIZATION PHYSICIAN

DEMOGRAPHICS:

NAME

DATE OF BIRTH

GENDER LANDLINE MOBILE

MOBILI

EMAIL

ADDRESS INFORMATION

P.O. BOX AREA (DROP DOWN) CITY (DROP DOWN) COUNTRY (DROP DOWN) **SCHEDULE:**

APPOINTMENT DATE APPOINTMENT TIME

COMMENTS

OFFICE USE:

ASSIGNED DRIVER

ASSIGNED PHLEBOTOMIST

EMAIL TRIGGERS:

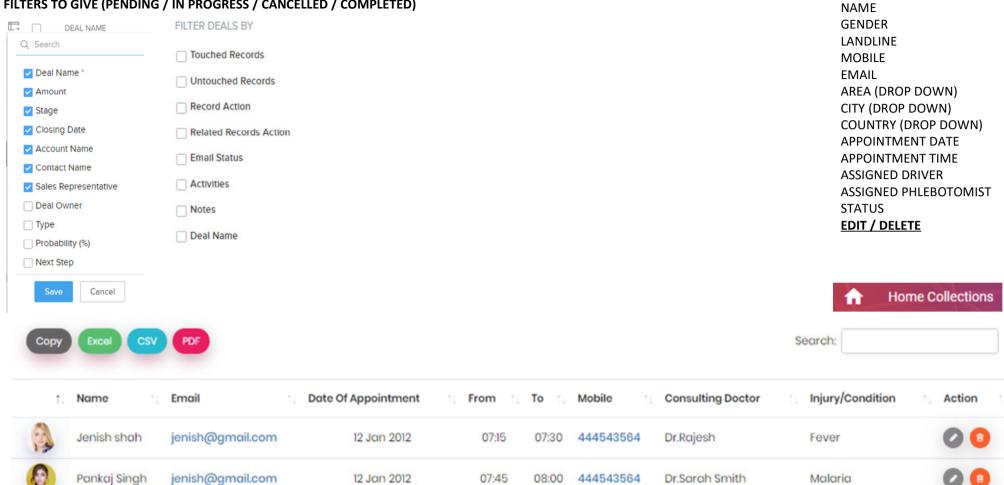
PATIENT
RECEPTION
LAB SUPERVISOR
ASSIGNED DRIVER
ASSIGNED PHLEBOTOMIST

FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)

Jenish shah

jenish@gmail.com

12 Jan 2012



08:15

08:30

444543564

Dr.Rajesh

Fever



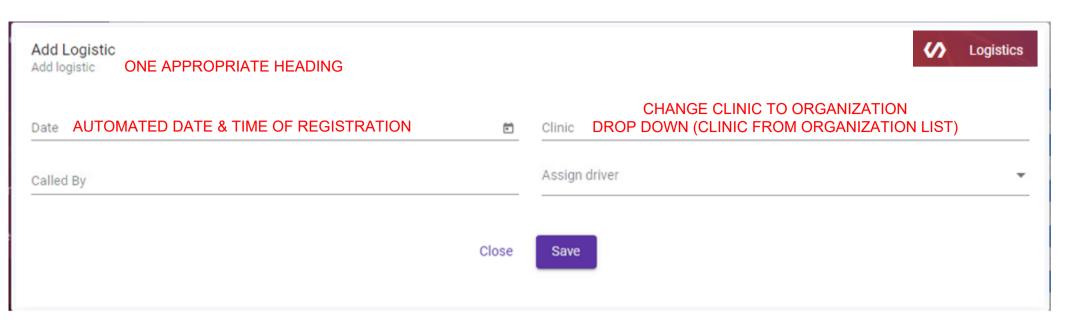


HOME APPOINTMENT LIST:

ID







SORTING ORDER:

DATE
ORGANIZATION
CALLED BY
LANDLINE
MOBILE
EMAIL

OFFICE USE:

DRIVER ASSIGNED

EMAIL TRIGGERS:

ORGANIZATION
CALLED BY EMAIL
RECEPTION
LAB SUPERVISOR
DRIVER ASSIGNED

Manage TRF Update TRFs from Client Locat	ion			S	Logistics
Logistics Information					
Logistic ID	71667	Scheduled On	Wed Jan 29 2020		
Clinic	Rogahn Group	Called By	Erling		
Driver Name	Zion	Status	In Progress		
TRF Details					
Number of TRFs		Temperature			
Type	REFRIGERATED FROZEN	Stat Yes No			
Specimen Details	+ Add Specimen				
SORTING ORDER: DATE & TIME ORGANIZATION CALLED BY LANDLINE MOBILE EMAIL	SAMPLE ACKNOWLEDGEMENT NO. OF TRF'S: (DROP DOWN) REPORT: OROUTINE URGENT TEMPERATURE: (DROP DOWN) TYPE: AMBIENT REFRIGERATED FROZEN SPECIMEN: (+ ADD) COMMENTS:)			
OFFICE USE: DRIVER ASSIGNED	CUSTOMERS SIGNATURE: (+ ADD SIGN PAD)		OR	MAIL TRIGG RGANIZATIC)N

CALLED BY EMAIL
RECEPTION
LAB SUPERVISOR
DRIVER ASSIGNED

FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)

DEAL NAME	FILTER DEALS BY				
Q Search	☐ Touched Records				
✓ Deal Name *	Untouched Records				
✓ Amount ✓ Stage	Record Action				
✓ Closing Date	Related Records Action				
Account Name	Email Status				
✓ Contact Name	Elliali Status				
Sales Representative	Activities				
Deal Owner	Notes				
Туре	□ Deal Name				
Probability (%)	☐ Deal Name				
Next Step					
Save					

LOGISTICS LIST: SORTING ORDER

ID DATE & TIME ORGANIZATION **CALLED BY** LANDLINE **MOBILE EMAIL** AREA (DROP DOWN) CITY (DROP DOWN) COUNTRY (DROP DOWN) ASSIGNED DRIVER **EXPECTED PICKUP TIME** PICKUP TIME DELIVERED TIME **DELIVERED TO STATUS** EDIT / DELETE





	Name 1	Email	Date Of Appointment	† From †	To 🔃	Mobile	Consulting Doctor	Injury/Condition	1 Action
1	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	② ①
0	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	② ①
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	0 0

Registration Registration ONE APPROPRIATE HEADING Registration for new patient Referral Information 3 Test(s) Information Documents Upload Personal Information Patient Type Patient Name Primary Phone Number Secondary Phone Number Date of birth Male Female Email Address Line 1 City Address Line 2 Postal Code Insurance ID National Identity Number Clear Next 1) DEMOGRAPHICS: 2) REFERRAL INFORMATION 4) DOCUMENTS (DROP DOWN & VIEW OPTION) **OFFICE USE:** TYPE (CASH / CREDIT / INSURANCE) LOYALTY CARD NO.: **ORGANIZATION TEST REQUEST FORM** NAME **PHYSICIAN PHOTO** DATE OF BIRTH FILE NO. **EMIRATES ID GENDER INSURANCE ID** LANDLINE 3) TEST SEARCH **DRIVING LICENSE** MOBILE TEST(S) **EMAIL ADDITIONAL COST**

ADDRESS INFORMATION

ADDRESS P.O. BOX AREA (DROP DOWN) CITY (DROP DOWN) COUNTRY (DROP DOWN)

DISCOUNT **TOTAL**

CLINICAL HISTORY

STAT

INSURANCE DETAILS (ACTIVATED BASED ON TYPE)

MEMBER NO. EMPLOYEE NO. **VALIDITY NETWORK SUB NETWORK**

EMAIL TRIGGERS:

Registration

Registration for new patient

ONE APPROPRIATE HEADING



Personal Information	2 Referral Information	3 Test(s) Information — 4 Documents Upload
Patient Type	*	Patient Name
Primary Phone Number		Secondary Phone Number
Date of birth	Ō	Gender O Male O Female
Email		Address Line 1
Address Line 2		City
Postal Code		Insurance ID
National Identity Number		

SEARCH (BY CUSTOMIZED CHOICE)

1) DEMOGRAPHICS: (AUTOMATED)

TYPE (CASH / CREDIT / INSURANCE)
NAME
DATE OF BIRTH
GENDER

LANDLINE MOBILE EMAIL

ADDRESS INFORMATION

ADDRESS
P.O. BOX
AREA (DROP DOWN)
CITY (DROP DOWN)
COUNTRY (DROP DOWN)

2) REFERRAL INFORMATION

ORGANIZATION PHYSICIAN FILE NO.

3) TEST SEARCH (NEW TO ADD)

TEST(S) ADDITIONAL COST DISCOUNT TOTAL

CLINICAL HISTORY STAT

4) DOCUMENTS (DROP DOWN & VIEW OPTION)

Next

TEST REQUEST FORM PHOTO EMIRATES ID INSURANCE ID DRIVING LICENSE

Clear

INSURANCE DETAILS (ACTIVATED BASED ON TYPE)

MEMBER NO. EMPLOYEE NO. VALIDITY NETWORK SUB NETWORK

EMAIL TRIGGERS:

Registration

Registration for new patient

ONE APPROPRIATE HEADING



1 Personal Information	2 Referral Information		3 Test(s) Information	4 Documents Upload
Patient Type		*	Patient Name	
Primary Phone Number			Secondary Phone Number	
Date of birth		€	Gender O Male O Female	
Email			Address Line 1	
Address Line 2			City	
Postal Code			Insurance ID	
National Identity Number				

SEARCH (BY SID NO.)

1) DEMOGRAPHICS: (AUTOMATED)

TYPE (CASH / CREDIT / INSURANCE)

NAME

DATE OF BIRTH

GENDER

LANDLINE

MOBILE

EMAIL

ADDRESS INFORMATION

COUNTRY (DROP DOWN)

ADDRESS P.O. BOX AREA (DROP DOWN) CITY (DROP DOWN)

2) REFERRAL INFORMATION

ORGANIZATION PHYSICIAN FILE NO.

3) TEST SEARCH (NEW TO ADD)

TEST(S)
ADDITIONAL COST
DISCOUNT
TOTAL

OLD SID REFERENCE CLINICAL HISTORY STAT Clear

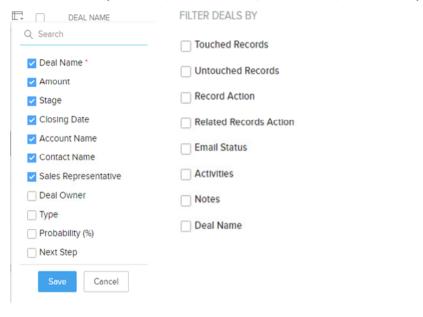
INSURANCE DETAILS (ACTIVATED BASED ON TYPE)

Next

MEMBER NO. EMPLOYEE NO. VALIDITY NETWORK SUB NETWORK

EMAIL TRIGGERS:

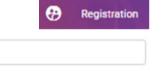
FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)



Сору

REGISTRATION LIST: SORTING ORDER

SID
DATE
NAME
ORGANIZATION
PHYSICIAN
TEST
STATUS



1.	Name	Email	Date Of Appointment	† From †	To 1	Mobile	Consulting Doctor	Injury/Condition	1 Action
	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	② ③
P	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	② ③
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	2 1

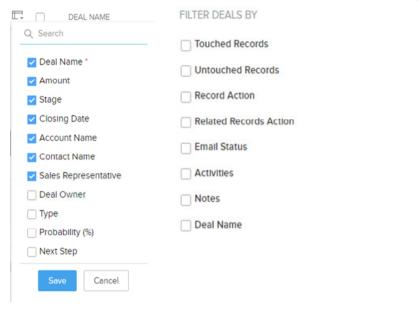
Search:





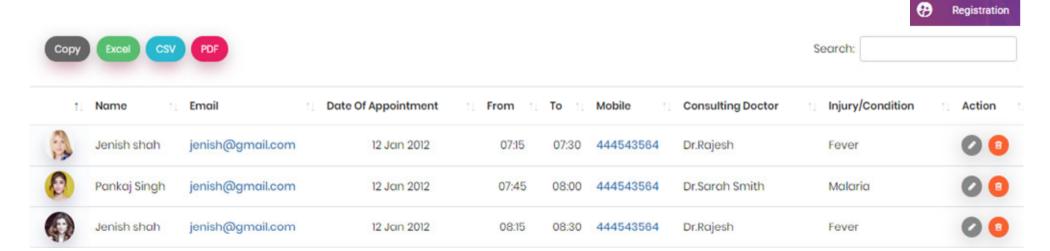


FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)



REGISTRATION LIST: SORTING ORDER

SID
DATE
NAME
ORGANIZATION
PHYSICIAN
TEST
STATUS (ONLY COMPLETED REPORTS)









OUR SERVICE (MISSING QUESTIONS):

How was the quality of the reports? *

Was the turnaround time of the reports as mentioned initially? *

How do you feel / about the prices of the tests? *

INSTEAD OF CONTACT DETAILS:

CONFIDENTIALITY;

We hereby state that the above information is only for quality assurance and not used for any commercial use

ECL LOGO

Add Payment Add Payment for existing Visit
Search for Visit ID

SID NO.:

OFFICE USE: PAID BY: DROP DOWN

CASH CHEQUE (NO.)

DEBIT CARD (NO.)

CREDIT CARD (NO.)

DIGITAL WALLET (NO.)



CASH INVOICE

File No : 5012EA000238 Invoice No : 219068 SID : 116030143 Invoice Date : 30-01-2016

Reg. No : 214900 Doctor/Clinic : MEDANTA AFRICARE/KENYA -

MEDANTA AFRICARE LTD.

Patient Name : NATALIE WANGUI DOB/AGE : 17

SEX : Female

SI No	Code	Service Description	Gross	Discount	Net Amt	
1	C0008	ANTI NUCLEAR ANTIBODY (ANA) PROFILE, SERUM	580.00	.00	580.00	
2	C1593T	ANTI NUCLEAR ANTIBODY / FACTOR (ANA / ANF), IFA, SERUM	190.00	.00	190.00	
3	C0052T	ANTI DOUBLE STRAND (DS DNA) ANTIBODY, IGG, SERUM	140.00	.00	140.00	
-						
-						
-						
				Total	910.00	
				Discount	0.00	
Net Amount						
Previous Due 0.00						
Previous Due						
Paid Amount						
Balance Due						

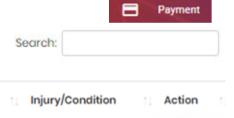
EMAIL TRIGGERS:

PATIENT RECEPTION LAB SUPERVISOR

DEAL NAME Q Search Deal Name * Amount Stage Closing Date Account Name Contact Name Sales Representative Deal Owner Туре Probability (%) Next Step Cancel

PAYMENT LIST: SORTING ORDER

SID DATE NAME FEE PAID BALANCE STATUS EDIT / DELETE



Сору	Copy Excel CSV PDF							Search:		
†ı	Name 1	Email	Date Of Appointment	† From †	To 11	Mobile	Consulting Doctor	Injury/Condition	1 Action	
	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	(2)	
(2)	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	0 0	
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	0 0	



FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)

DEAL NAME	FILTER DEALS BY	
Q Search	Touched Records	
✓ Deal Name *	Untouched Records	
✓ Amount ✓ Stage	Record Action	
✓ Closing Date	Related Records Action	
✓ Account Name ✓ Contact Name	Email Status	
✓ Sales Representative	Activities	
Deal Owner	Notes	
Type Probability (%)	Deal Name	
☐ Next Step		
Save		TEMPERA

ATURE ONLY TO ADD (CAN BE DONE IN ONE GO AS **TEMPERATURE OF THE COOLER BOX IS RECORDED)**

TEMPERATURE CONTROL LIST: SORTING ORDER

ID

DATE & TIME ORGANIZATION

CALLED BY

LANDLINE

MOBILE

EMAIL

AREA (DROP DOWN)

CITY (DROP DOWN)

COUNTRY (DROP DOWN)

ASSIGNED DRIVER

EXPECTED PICKUP TIME

PICKUP TIME

DELIVERED TIME

DELIVERED TO

STATUS

EDIT / DELETE

			_		
Сору	Excel	CSV	PDF	Search:	

	↑. Name	1. Email	Date Of Appointment	† From †	To 1	Mobile	Consulting Doctor	Injury/Condition	1 Action
1	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	2 1
P	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	2 1
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	0 0

Accession

FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)

DEAL NAME	FILTER DEALS BY	
Q Search	☐ Touched Records	
✓ Deal Name * ✓ Amount	Untouched Records	
✓ Stage	Record Action	
✓ Closing Date	Related Records Action	
Account Name	Email Status	
✓ Contact Name	_	
✓ Sales Representative	Activities	
Deal Owner	Notes	
Type Probability (%)	Deal Name	
Next Step		
Save Cancel		ONLY NEED TO A

BRANCH SAMPLES: SORTING ORDER

SID
DATE
NAME
ORGANIZATION
PHYSICIAN
TEST
STATUS

ONLY NEED TO ACCEPT WITH BARCODE READER INHOUSE ONES SPECIMENS REACHED THE CENTRAL LAB

Сору	Excel CSV	PDF						Search:	
†l	Name 1	Email	Date Of Appointment	† From †	To 1	Mobile	Consulting Doctor	Injury/Condition	1. Action
	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	0 0
(2)	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	② ③
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	② ①





Accession

FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)

DEAL NAME	FILTER DEALS BY	
Q Search	Touched Records	
✓ Deal Name *	Untouched Records	
✓ Amount ✓ Stage	Record Action	
✓ Closing Date	Related Records Action	
Account Name	☐ Email Status	
✓ Contact Name		
✓ Sales Representative	Activities	
Deal Owner	Notes	
☐ Type ☐ Probability (%)	Deal Name	
☐ Next Step		
Save Cancel		ONLY NEED TO ONES S

PENDING ACCESSSION: SORTING ORDER

SID DATE NAME ORGANIZATION PHYSICIAN TEST

STATUS

ONLY NEED TO ACCEPT WITH BARCODE READER INHOUSE
ONES SPECIMENS ARE REGISTERED INHOUSE

Сору	Excel CSV PDF Search:								
11	Name 1	Email	Date Of Appointment	† From †	To 🔃	Mobile	Consulting Doctor	Injury/Condition	Action
	Jenish shah	jenish@gmail.com	12 Jan 2012	07:15	07:30	444543564	Dr.Rajesh	Fever	0 0
(2)	Pankaj Singh	jenish@gmail.com	12 Jan 2012	07:45	08:00	444543564	Dr.Sarah Smith	Malaria	② ①
	Jenish shah	jenish@gmail.com	12 Jan 2012	08:15	08:30	444543564	Dr.Rajesh	Fever	2 0







Accession

Registration

Registration for new patient

ONE APPROPRIATE HEADING



1 Personal Information	2 Referral Information	3 Test(s) Information	Documents Upload
Patient Type	*	Patient Name	
Primary Phone Number		Secondary Phone Number	
Date of birth	©	Gender O Male O Female	
Email		Address Line 1	
Address Line 2		City	
Postal Code		Insurance ID	
National Identity Number			
	Clear	Next	

1) DEMOGRAPHICS:

TYPE (CASH / CREDIT / INSURANCE)
NAME
DATE OF BIRTH
GENDER
LANDLINE
MOBILE

ADDRESS INFORMATION

EMAIL

ADDRESS
P.O. BOX
AREA (DROP DOWN)
CITY (DROP DOWN)
COUNTRY (DROP DOWN)

2) REFERRAL INFORMATION

ORGANIZATION PHYSICIAN FILE NO.

3) TEST SEARCH

TEST(S)
ADDITIONAL COST
DISCOUNT
TOTAL

CLINICAL HISTORY STAT

4) DOCUMENTS (DROP DOWN & VIEW OPTION)

TEST REQUEST FORM PHOTO EMIRATES ID INSURANCE ID DRIVING LICENSE

INSURANCE DETAILS (ACTIVATED BASED ON TYPE)

MEMBER NO. EMPLOYEE NO. VALIDITY NETWORK SUB NETWORK

5) PROBLEM SAMPLE NOTIFICATION:

REASON OF REJECTION:

DISCUSSED WITH:
MODE OF COMMUNICATION: DROP DOWN
(LANDLINE / MOBILE / EMAIL / SMS)
COMMENT:

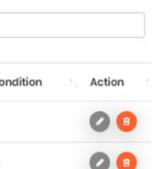
EMAIL TRIGGERS:

DEAL NAME	FILTER DEALS BY			
Q Search	Touched Records			
✓ Deal Name *	Untouched Records			
Amount				
✓ Stage	Record Action			
✓ Closing Date	Related Records Action			
Account Name	Email Status			
✓ Contact Name				
✓ Sales Representative	Activities			
Deal Owner	Notes			
Туре	☐ Deal Name			
Probability (%)				
Next Step				
Save Cancel				
Carre				

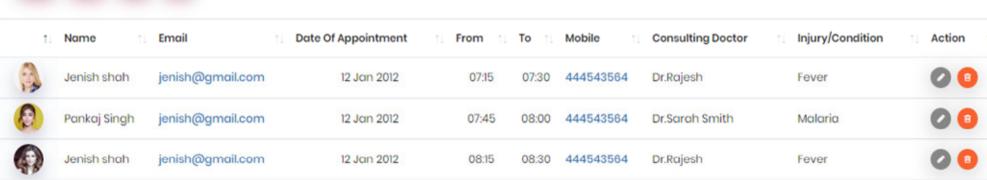
Copy

PROBLEM SAMPLE NOTIFICATION LIST: **SORTING ORDER**

PID DATE NAME FILE NO. **ORGANIZATION PHYSICIAN** TEST **REASON STATUS EDIT / DELETE**



Accession



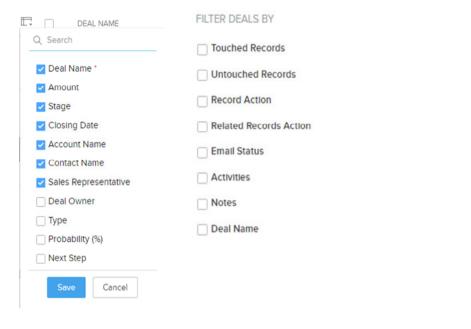
Search:







FILTERS TO GIVE (PENDING / IN PROGRESS / CANCELLED / COMPLETED)



SHIPMENT: SORTING ORDER

DATE TYPE (DROP DOWN) **TEMPERATURE LOGGED** ORIGIN SHIPPER LABORATORY **DESTINATION** RECEIVER LABORATORY COURIER (DROP DOWN) TRACKING NO .: **STATUS EDIT / DELETE**

