

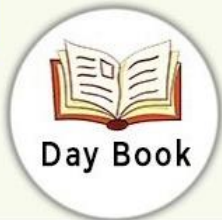
# MAIN DASHBOARD

LabEasy



## Shortcut Keys

Ctrl + A - Account
Ctrl + D - Doctor
Ctrl + T - Test
Ctrl + G - Test Group
Ctrl + P - Patient Entry
Ctrl + S - Test Report
Alt + P - Pending Report
Alt + C - Complete Rep.
F5 - Quick Payment
F6 - Quick Receipt
Alt + N - Bank Entry
Ctrl + Y - Outstanding
Ctrl + L - Ledger
Alt + C - Cash Book
Ctrl + T - Today Register
Ctrl + U - Balance List
Ctrl + H - Home Screen
Alt + G - SMS Templates
Alt + W - Diary
F11 - Calculator
F12 - Close Company
Traning Videos
Feedback & Rating
Activate Windows E-Way Bill Website



# PATIENT ENTRY

## PATIENT ENTRY

Date: 12-09-2024 | Lab No.: 8 | Title: Mr. | Patient Name: RAJ | Age: 12 | Gender: Male

No. of Tests : 8

Search Test Group

Tests Under (HAEMOGRAM)



Test Groups	Test Name	Cost
<input checked="" type="checkbox"/> HAEMOGRAM	<input checked="" type="checkbox"/> COMPLETE BLOOD COUNT (CBC)	0.00
<input type="checkbox"/> HEAMATOLOGY	<input checked="" type="checkbox"/> HEAMOGLOBIN	100.00
<input type="checkbox"/> SEROLOGY	<input checked="" type="checkbox"/> TLC	0.00
<input type="checkbox"/> CBC	<input checked="" type="checkbox"/> DIFFERENTIAL LEUCOCYTECOUNT	0.00
<input type="checkbox"/> BIO CHEMISTRY	<input checked="" type="checkbox"/> NEUTROPHILL	0.00
<input type="checkbox"/> BLOOD EXAM.	<input checked="" type="checkbox"/> LYMPHOCYTE	0.00
<input type="checkbox"/> ARTHRITIS PROFILE	<input checked="" type="checkbox"/> MONOCYTE	0.00
<input type="checkbox"/> URINE EXAMINATION REPORT	<input checked="" type="checkbox"/> EOSINOPHILES	0.00
<input type="checkbox"/> LIPID PROFILE	<input checked="" type="checkbox"/> BASOPHILL	0.00
<input type="checkbox"/> SUGAR PROFILE	<input checked="" type="checkbox"/> TOTAL PLATELET COUNT	0.00
<input type="checkbox"/> KIDNY FUNCTION TEST	<input checked="" type="checkbox"/> PLATELATES COUNT	100.00
<input type="checkbox"/> LIVER FUNCTION TEST	<input type="checkbox"/> RBC COUNT WITH INDICES	0.00

Selected Test (Press Delete to Remove Test)

S.N	Test Name	Group	Normal Range	Units	Cost
1	HEAMOGLOBIN	HAEMOGRAM	12-17	gm%	100.00
2	TLC	HAEMOGRAM	4000-11000	CUM.M	0.00
3	BASOPHILL	HAEMOGRAM	0-1	%	0.00
4	NEUTROPHILL	HAEMOGRAM	40-70	%	0.00
5	EOSINOPHILES	HAEMOGRAM	1.0-6.0	%	0.00
6	LYMPHOCYTE	HAEMOGRAM	20-40	%	0.00
7	MONOCYTE	HAEMOGRAM	2-10...	%	0.00
8	PLATELATES COUNT	HAEMOGRAM	1.5-4.5	LAC/CU.M.M	100.00



Delete

Print

Total Cost

200

Extra Chg.

0

Dis (%)

Disc. Amt

0

Advance

200.00



Net Balance


0.00

Save

Close

# RESULT ENTRY

## TEST REPORT

Date	Lab No.	Title	Patient Name	Contact No.	 Add More Test
12-09-2024	8	Mr.	RAJ		

S.N	Test	Result	Units	Normal Range	Notes	Cost	R...	Del
+ 1	HAEMOGRAM							
+ 1	COMPLETE BLOOD COUNT (CBC)							
1	HEAMOGLOBIN	15	gm%	12-17	13-17 (MALE)12-16(...	100.00		
2	TLC	5000	CUM.M	4000-11000	(Total Leucocyte Co...	0.00		
+ 2	DIFFERENTIAL LEUCOCYTECOUNT							
1	NEUTROPHILL	30	%	40-70		0.00		
2	LYMPHOCYTE	4	%	20-40		0.00		
3	MONOCYTE	5	%	2-10		0.00		
4	EOSINOPHILES		%	1.0-6.0		0.00		
5	BASOPHILL		%	0-1		0.00		
+ 3	TOTAL PLATELET COUNT							
1	PLATELATES COUNT		LAC/CU.M.M	1.5-4.5		100.00		

Total Cost	Extra	Discount	Advance	Net Bal.	Receipt Amt.	Balance Amt.
200.00	0.00	0.00	200.00	0.00	0.00 +	0.00



**Delete**

\*To input Detailed Notes Press [F4]

\*To exit from details Press [F4]

**Save**

**Print**

**Close**

# REPORT PRINT PREVIEW

---

Patient's N	RAJ	Lab No	8
Age	12	DATE:	12-09-2024
Gender	Male		
Ref. By	DR. NEERAJ	Ref, N	

---

## HAEMOGRAM

TEST NAME	RESULT	UNITS	NORMAL RANGE
HEAMOGLOBIN	15	gm%	12-17
13-17 (MALE)			
12-16(FEMALE)			
TLC	5000	CUM.M	4000-11000
(Total Leucocyte Count)			
NEUTROPHILL	30	%	40-70
LYMPHOCYTE	4	%	20-40
MONOCYTE	5	%	2-10
EOSINOPHILES		%	1.0-6.0
BASOPHILL		%	0-1
PLATELETES COUNT		LAC/CU.M.M	1.5-4.5

# HEADER PRINT PREVIEW



## YADAV CLINICAL LABORATORY



VIKASNAGAR, MAHESHWARI ,DHARUHERA

Accurate | Caring | Instant



Sample Collection

Patient's Name : Mr. RAJ

Reg. Date : 12-09-2024 02:18:42 PM

Age : 12

Collection Date : 12-09-2024 02:18:42 PM

Gender : Male

Mobile :

Referred By : DR. NEERAJ

Address :



### HAEMOGRAM

Test Name	Results	Unit	Normal Range
<u>COMPLETE BLOOD COUNT (CBC)</u>			
HEMOGLOBIN 13-17 (MALE) 12-16(FEMALE)	<b>15</b>	gm%	12-17
TLC (Total Leucocyte Count)	<b>5000</b>	CUM M	4000-11000
<u>DIFFERENTIAL LEUCOCYTECOUNT</u>			
NEUTROPHILL	<b>30</b>	%	40-70
LYMPHOCYTE	<b>4</b>	%	20-40
MONOCYTE	<b>5</b>	%	2-10

# WIDAL ENTRY

TEST REPORT

Date: 12-09-2024 Lab No.: 9 Title: Mr. Patient Name: MK Contact No.:  Add More Test


S.N	Test	Result	Units	Normal Range	Notes	Cost	R...	Del
1	SEROLOGY							
1	WIDAL (SLIDE METHOD)				Interpretation: This i...	100.00		

<<Press Spacebar to change values and move ahead>>

	1:20	1:40	1:80	1:160	1:320	1:640
S Typhi O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S Typhi H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S Typhi AH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S Typhi BH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

**Back**  **Continue**

Total Cost	Extra	Discount	Advance	Net Bal.	Receipt Amt.	Balance Amt.
100.00	0.00	0.00	100.00	0.00	0.00 	0.00



# SEND WHATSAPP REPORT

## PRINT REPORT X

Test Report       Receipt


Format Edit

**TEST** + ✎


RPT File :D:\vb6\Lab Management ERP\TestReport.rpt

**Print**   **Preview**   **Email**   **QR Code**

Customer Mobile No.

 **WhatsApp**

Doctor Mobile No.

 **WhatsApp**









# TEST MASTER

## TEST MASTER

[Delete](#)[List](#)[Close](#)

Test Name

Serial Order No.

Notes

Group



Method

Sub Group



Unit

Default Value

Cost

Male Normal Range

Min Range

Max Range

Female Normal Range

Min Range

Max Range

Male Child Normal Range

Min Range

Max Range

Female Child Normal Range

Min Range

Max Range

Widal Test

[Save](#)

# TEST LIST



## LIST OF TESTS




 Test Name 

 Test Group 

 Cost 



Sr. No.	Test Name	Group Name	Unit	Normal Range	Cost
0	TLC	HEAMATOLOGY			0.00
0	M.P(BY AG.CARD)	HEAMATOLOGY			200.00
0	S.CALCIUM	ELECTROLYTES TEST	MG/DL	8.4-10.4	200.00
0	P-LCR	HEAMATOLOGY	%	13.0-43.0	0.00
0	CBC	CBC			200.00
0	PLEURAL FLUID	PLEURAL FLUID/SYNOVI...			20.00
0	PBF	PBF			20.00
0	PLUREAL FLUID	PLEURAL FLUID/SYNOVI...			20.00
0	CULTURE & SENSITIVITY	MICROBIOLOGY			0.00
0	IMMATURE CELLS	HEAMATOLOGY	%		0.00
1	abc	BIO CHEMISTRY			0.00
1	BLOOD UREA	KIDNY FUNCTION TEST	mg/dl	13-45	200.00
1	M.P(BY SLIDE)	CBC			200.00
1	S. CHOLESTROL(TOTAL)	LIPID PROFILE	mg/dl	125-200	200.00
1	CHOLESTEROL (TOTAL)	BIO CHEMISTRY	mg%	125-200	200.00
1	URINE FOR PREGNANCY TES...	PBF			50.00
1	R.A. FACTOR	ARTHRITIS PROFILE			150.00
1	S.BILIRUBIN {T.}	LIVER FUNCTION TEST	mg/dl	0.2-1.2	200.00
1	SEMEN EXAMINATIONS	SEMEN ANALYSIS			300.00
1	QUANTITY	URINE EXAMINATION RE...	ML	5.0	100.00
1	THYROID PROFILE	THYROID PROFILE			0.00
1	SODIUM	ELECTROLYTES TEST	M.M/L	135-155	8.00
1	BLOOD SUGAR (F)	SUGAR PROFILE	mg/dl	60-110	50.00

# TEST GROUP MASTER

Test Group Entry


## TEST GROUP

Test Group Name

This is a sub group

Serial Order No.  Total Cost

Group	S...	Sr.	Cost
.	<input checked="" type="checkbox"/>	5	0
ARTHRITIS PROFILE	<input type="checkbox"/>	7	0
BIO CHEMISTRY	<input type="checkbox"/>	5	0
BLOOD EXAM.	<input type="checkbox"/>	6	0
CBC	<input type="checkbox"/>	5	0
CHEMICAL EXAMINATION	<input checked="" type="checkbox"/>	5	0
COMPLETE BLOOD COUNT (CBC)	<input checked="" type="checkbox"/>	1	0
DIFFERENTIAL LEUCOCYTECOUNT	<input checked="" type="checkbox"/>	2	0

 Find Test Group Name

**New** / **Update** / **Delete** / **Close**









# SEND DIRECT WHATSAPP FREE

**Send Direct Whatsapp  
Test Report to  
Patient & Doctor in  
a Single Click**

