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# A. Microbiology

#### 1.Bacteriology

- 1.1 General knowledge about Bacteriology
- 1.2 Morphology of Bacteria (size, shape)
- 1.3 Differentiation of bacteria (cocci, bacilli)
- 1.4 Sample collection (pus, urine, throat swab, sputum, blood)
- 1.5 Principle of Gram's stain, microscopic identification of Gram +ve and Gram –ve bacteria.
- 1.6 Staining- Use of different dye and its principle, method of preparation.
- 1.7 Mycobacteria- M. tuberculosis/M.leprae, sample collection , staining and recording result.
- 1.8 Preparation of sputum smear
- 1.9 Safety precaution and proper disposal of infected materials.
- 1.10 Culture media-General introduction to different type of culture media.
- 1.11 General introduction to sterilization- by dry heat, moist heat,
- 1.12 Cultural technique of blood, urine, sputum, throat swab.
- 1.13 Use of disinfectants-preparation of disinfectant solution.

#### 2. Parasitology

- 2.1 Introduction to parasitology,
- 2.2 Terms used in parasitology,
- 2.3 Classification of parasites
- 2.4 Helminthic parasites(Ascaris lumbricoides, Ancylostoma duodenale, Necatar Americans, Trichiuris trichiura, Strongyloides stercoralis, Enteribius vermicularis, Taenia solium, Taenia saginata, Hymenolepis nana, life cycle, mode of transmission, laboratory diagnosis, prevention and control measures.
- 2.5 Protozoal parasites(Giardia lamblia, Entamoeba histolytica, Entamoeba coli, Balatidum coli, Trichomonas vaginalis, Trichomonas hominis) - life cycle, mode of transmission, laboratory diagnosis, prevention and control measures.
- 2.6 Dysentery (amoebic and bacillary dysentery).
- 2.7 Difference between of Entamoeba coli & Entamoeba histolytica
- 2.8 Laboratory procedure :
  - 2.8.1 Collection of sample.
  - 2.8.2 Preparation of reagents: normal saline solution, Iodine solution, 33% Zinc sulphate sol'n.
  - 2.8.3 Stool examination- routine and concentration method, interpretation of results.
  - 2.8.4 Occult blood test.
  - 2.8.5 Disposal of waste materials

# B. Haematology

- 1 Composition of blood, plasma, serum and whole blood.
- 2 Collection of blood sample finger prick, vein puncture, ear lobe prick.
- 3 Anticoagulants, types of anticoagulants, preparation of Anticoagulantvials.

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- 4 Use of instruments Sahli's haemoglobinometer, haemocytometers, diluting pipettes,Neubaur counting chamber, ESR tubes, importance of bulk dilution, preparation of blood diluting fluid.
- 5 Preparation of thin and thick blood smears.
- 6 Total WBC, RBC and platelet count.
- 7 Sources of error in blood count.
- 8 Differential WBC count.
- 9 ESR estimation (Wintrobe and Westergren method).
- 10 Haemoglobin estimation, preparation of standard curve.
- 11 Preparation of Drabkin's Solution.
- 12 Use of Sahli Haemoglobinometer
- 13 Preparation of N/10 HCL.
- 14 Performance of –BT,CT,
- 15 Staining procedure Preparation and use of Wright's stain and its principle.
- 16 Blood parasites Malaria, filaria,
- 17 Perform blood grouping
- 18 Sources of errors in above haematological tests.
- 19 Quality control in haematology.

# C. Biochemistry

- 1 Basic chemistry- matter, substance, atom and molecules element, compound.
- 2 Solution- Preparation of normal sol'n,
- 3 Cleaning of glass-wares
- 4 Instrument : Colorimeter, , Centrifuge, Balance, Refrigerator
- 5 Law of colorimetry-Beer's and Lambert's law
- 6 Collection of specimen for biochemical tests
- 7 Estimation of B.glucose preparation of std. curve interpretation of results, source of errors.
- 8 Estimation of Blood Urea ,interpretation of result, source of errors.
- 9 Preparation of reagents for Glucose, Urea,
- 10 Estimation of S.amylase, and calculation of results.
- 11 CSF Glucose, Protein, Cell count, Gram's stain, AFB stain

# **D.** *Miscellaneous*

#### 1. Urinalysis

- 1.1 Importance of urine analysis
- 1.2 Collection of specimen
- 1.3 Preservation of urine for routine & culture purpose.
- 1.4 Examination of urinary deposit
- 1.5 Urine albumin test by heat and acetic acid, SSA method & strip.
- 1.6 Urinary glucose test by Benedict's & strip methods.
- 1.7 Preparation of Benedict's reagents.

#### 2. Semen analysis

- 2.1 Volume
- 2.2 Motility
- 2.3 Sperm count

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#### **3.**Instrumentation

- 3.1 Microscope- use of microscope, parts of microscope, handling of microscope.
- 3.2 Use of incubators, hot air oven, water bath, refrigerator, chemical balance, Colori meter.
- 3.3 Basic knowledge of glass-wares (test tube, flask, measuring cylinder).

#### 4. Immunology

- 4.1 Perform VDR L and HIV tests.
- 4.2 Definition of precipitation, agglutination, flocculation.

#### 5. Quality control in following tests

- 5.1 Gram's stain, AFB microscopy
- 5.2 TC, DC, Hb, ESR
- 5.3 Blood sugar, Blood urea

#### 6. Basic knowledge of Anatomy and Physiology

- 6.1 Digestive system pancreatic amylase, ptylin
- 6.2 Urinary system kidney, bladder, ureter

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#### **Model Question**

#### 1. Gram's stain .....

- A) Differentiates all cocci from bacilli
  - B) Differentiates AFB from Non-AFB
  - C) Differentiates all the bacteria into Gram Positive & Gram negative one.
  - D) Bacteria from virus.

#### 2. AFB after Zeihl Neelson stain appears as .....

- A) Yellow rod
- B) Red rod
- C) Violet rod
- D) All of above

#### 3. Entamoeba Histolytica causes. .....

- A) Amoebic dysentery
- B) Bacillary dysentery
- C) Typhoid fever
- D) Malaria fever

### 4. Which of the condition is associated with Hook-worm infection .....

- A) Polycythaemia
- B) Iron deficiency anaemia
- C) Thalassemia
- D) All of above

### 5. Total WBC Count means .....

- A) Count of white blood cells in 2 µl of blood
- B) Count of white blood cells in 1 µl of blood
- C) Count of white blood cells in 1 cc of blood
- D) Count of white blood cells in 0.38 ml of blood

#### 6. Low level of haemoglobin in peripheral blood is called .....

- A) Hypohaemoglobinaemia
  - B) Polycythaemoglobinaemia
  - C) Anaemia
  - D) Leukaemia

#### 7. Wright's stain is prepared in .....

- A) Ethyl Alcohol
- B) Acetone free methyl alcohol
- C) Isopropyl alcohol
- D) Butyl alcohol

#### 8. Normal value for fasting sugar using O-toluidine method is .....

- A) 60-120 mg%
- B) 80-140 mg%
- C) 90-160 mg%
- D) 100-200 mg%

# 9. Urea is increased in blood in .....diseases.

- A) Diabetes
- B) Renal failure
- C) Thyroid failure
- D) Pancreatitis

### 10. VDRL is .....

- A) Uncurable disease
- B) Protozoal disease

- C) Sexually transmitted disease
- D) Always Reactive in HIV positive patients

#### 11. HIV is caused by .....

- A) Haemophillus influenza
- B) Rabies virus
- C) Human immunodeficiency virus
- D) Toga virus

#### 12. Which statement is true .....

- A) Only hot things like tea can be taken inside laboratory
- B) Any thing can be eaten in laboratory
- C) Nothing can be eaten, drunk or taken in laboratory
- D) Only drugs can be eaten in laboratory