



NUCLEUS • TRIAL RUN SOP
UNIFIED DIGITAL ECOSYSTEM

TRIAL RUN SOP · 14-DAY TRIAL ON YOUR OWN DATA

Nucleus trial: the plan, and the walkthrough

This document is for the hospital's trial owner and the ClinexGen trial lead. **Part A** is the 14-day trial plan: what the trial proves, who does what, the day-by-day plan, the test scenarios, how trial data is handled, and how the go / no-go is decided. **Part B** is the functional walkthrough the users follow, step by step, with a checkpoint for every step.

Duration 14 days, on a masked sample of your own data	Edition exercised Professional: lab, pharmacy and TPA on the same bill	Scope 1 trial hospital, 2 branches, 2 doctors, 4 TRIAL patients	Walkthrough 38 checkpoints in 6 stages, about one working day
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0.x Set-up checks 5 checkpoints · 30 min	M.x Data migration 8 checkpoints · 2 h	1.x Initiation 2 checkpoints · 20 min	2.x Execution 11 checkpoints · 2 h 30 min	3.x Verification 5 checkpoints · 1 h	4.x Sign-off 7 checkpoints · 40 min
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Part A · The trial plan

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Part B · The functional walkthrough

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- **B2** The whole run on one page
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- **B4** Troubleshooting · **B5** Daily check-in record
- **LOG** Issue log

Times are planned times for one pass of the walkthrough: 7 hours in all, about one working day.

Marking a checkpoint

Pass	Nucleus did what the step expects.
Fail	It did something else. Write what you saw.
Blocked	The step couldn't run, for example after an earlier failure. Write the reason.
Skip	Not run on purpose, for one of three reasons only: an Enterprise-only step on a Professional trial (4.4), a module the site has not switched on (4.5), or ABDM / ABHA not enabled (4.7). Say which.
Nucleus publishes no In delivery list, so no other step is skipped by design. Copy every Fail and Blocked onto the issue log.	

Before you start

Built from the Nucleus brochure, flyer, deck and process flowchart of October 2026. Screen and button names in the trial build may differ: confirm them on the trial workspace once, and note any difference on the issue log as Low.

The trial workspace address comes from the ClinexGen trial lead. Write it here: _____

THE 14 DAYS AT A GLANCE

Before day 1 Kickoff Scope, users, prerequisites (A2)	Days 1–2 Set-up checks Workspace, masters, branches · 0.x	Days 3–4 Data migration Masked sample, signed off · M.x	Day 5 Training by role Every user signed in	Days 6–11 Run and verify Scenarios, day close, checks · 1.x–3.x	Days 12–14 Baseline, go / no-go Measures, sign-off · 4.x, A9
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PART A

The 14-day trial plan

For the hospital's trial owner and the ClinexGen trial lead

A1 Purpose and scope

What the trial proves, on which edition, for which departments, and for how long.

The trial shows, on a masked sample of your own records, that Nucleus does five things in your hospital: **every charge lands on the stay as it happens**, so the final bill needs no ward slip; **the day close ties** to receipts by mode, user and shift, with every receipt, refund and reversal stamped with user, branch and shift; on Professional, **a lab test or medicine ordered once reaches the bill** without re-keying, and the TPA claim is prepared from the complete stay; **one patient keeps one record**, with a duplicate check; and **each role and branch sees only what it should**. It also records the baseline for the four measures the pilot tracks.

ITEM	FOR THIS TRIAL
Duration	14 days, from day 1 (set-up checks) to day 14 (go / no-go). The functional walkthrough itself (Part B) takes about one working day.
Edition	Professional: lab, pharmacy and TPA claims on the same order and bill. For an Enterprise trial, run 4.4 as well. For a Standard trial, mark 2.1, 2.5 and 2.10 Skip: lab and pharmacy run separately on Standard.
Hospital and branches	One trial hospital with two branches: the main branch, where the run happens, and a second branch that holds one record (TRIAL Patient Four) for the branch-access test in 3.4.
Departments	Front office, OPD, one ward (a general ward and a private room), theatre, lab, pharmacy, TPA desk, and billing and collection.
People	Two doctors (Doctor A and Doctor B), a nurse, and one user each for front office, lab, pharmacy, TPA desk and billing; nine trial logins in all (B1).
Records	Four made-up TRIAL patients (B1), and a masked sample of 50 patients, 10 outstanding balances and 20 stock items for the migration test.
Out of scope	Sending a claim to a real TPA or insurer; ABDM / ABHA unless the hospital's own ABDM registration is in place; stores and blood bank unless switched on; loading real records for go-live; links to other systems; and anything not in the Nucleus collateral.

A2 Before day 1: prerequisites

Ticked off at the kickoff, before set-up starts.

The hospital provides

- A named **trial owner** who can decide tariff, forms and rights
- A named user for each trial role (A3), with an email or mobile for the login
- A desktop or laptop for each role, with a current browser, and one printer for bills, receipts and the discharge summary
- Your forms: the casesheet form, discharge summary layout, and bill and receipt layouts
- Your masters: tariff and packages, the TPA and insurer list, beds and wards, collection shifts
- A masked sample: 50 patients, 10 outstanding balances and 20 stock items, with source totals signed by the trial owner
- Written approval before any real personal data is used (A6)

ClinexGen provides

- The trial workspace, served over HTTPS, on India hosting or the hospital's own server, as agreed
- A named account for each trial user, with rights set per screen
- Masters configured from your files: tariff, one surgical package, beds, payers, shifts and the casesheet form
- The second branch and the four TRIAL patients (B1)
- The mapping sheet for the masked sample
- A named **trial lead** and **delivery engineer**, and the support desk contact

A3 Roles and RACI

Who does what. R responsible · A accountable · C consulted · I informed.

ROLE	WHO	IN THE TRIAL
Client sponsor	Owner or managing doctor	Approves scope and success criteria; makes the go / no-go decision and signs for the hospital
Client trial owner	Administrator or operations head	Runs the trial day to day; provides masters, forms and the masked sample; signs the migration off
Department users	Front office, Doctor A, Doctor B, nurse, lab, pharmacy, TPA desk, cashier	Run the walkthrough in Part B and log what they see

ROLE	WHO	IN THE TRIAL
ClinexGen trial lead	Named at the kickoff	Plans and leads the trial; runs the daily check-in; owns the issue log; signs for ClinexGen
ClinexGen delivery engineer	Named at the kickoff	Configures the workspace; loads and reconciles the sample; fixes and retests
ClinexGen support desk	info@clinexgen.com · +91 7338 786 196	Records every issue and routes it by severity (A8)

ACTIVITY	SPONSOR	TRIAL OWNER	USERS	TRIAL LEAD	ENGINEER	SUPPORT
Agree scope, edition and success criteria	A	R	I	R	C	–
Provide forms, masters and the masked sample	I	A, R	C	C	C	–
Configure the workspace and accounts	I	C	–	A	R	–
Migrate and reconcile the sample (M.1–M.8)	I	A	–	C	R	–
Train users by role	I	C	R	A	R	–
Run the walkthrough (Part B)	I	A	R	C	C	–
Log issues; fix and retest	I	C	R	A	R	R
Daily check-in	–	R	C	A, R	C	–
Data handling and deletion (A6)	A	R	I	C	R	–
Go / no-go and sign-off (A9)	A	R	I	R	C	–

A4 Day-by-day plan

Fourteen days, grouped. Every day ends with a 15-minute check-in led by the ClinexGen trial lead, and the issue log is brought up to date.

DAYS	WHAT HAPPENS	PART B	LED BY	DONE WHEN
Before day 1	Kickoff: scope, users, dates and success criteria agreed; prerequisites (A2) checked	–	Trial lead, trial owner	A2 ticked off
Days 1–2	Workspace, accounts and masters confirmed; the second branch and Patient Four set up	0.1–0.5	Delivery engineer	Set-up checks marked
Days 3–4	Masked sample extracted, mapped, loaded, reconciled, reloaded and signed off	M.1–M.8	Delivery engineer; trial owner signs	Migration signed off
Day 5	Training by role: front office, doctors and nurse, lab and pharmacy, TPA desk, billing	–	Trial lead	Every user signed in and trained
Days 6–9	Scenarios S1–S4 run end to end, with a day close for each shift every day	1.1–2.11, 3.1	Department users	Each step marked; issues logged
Days 10–11	Verification: charges against bills, reports, access and the activity log; fixes retested	3.1–3.5	Trial owner, trial lead	Verification steps marked
Days 12–13	Second visit, discharge timing, baseline measures; optional and Enterprise steps; open issues closed or given an owner	4.1–4.7	Trial owner	Baseline written; issue log current
Day 14	Go / no-go meeting; the decision on trial data (delete, or carry into go-live); sign-off by both parties	–	Sponsor, trial lead	A9 signed

A5 Test scenarios

Each scenario maps to the Part B steps that run it, with the result expected and the criterion for a Pass.

#	SCENARIO	PART B	EXPECTED RESULT	PASS CRITERION
S1	Registration and one record	1.1, 4.2	The duplicate check warns on a repeat; a returning patient opens the same record	Warning on the repeat; no duplicate created; past visits shown
S2	OP visit, ordered once	1.2, 2.1, 2.2	Lab and pharmacy charges reach the OP bill without retyping	Every ordered item on the OP bill; receipt stamped with user, branch and shift

#	SCENARIO	PART B	EXPECTED RESULT	PASS CRITERION
S3	Insured stay with surgery (Patient Two)	2.3–2.10	Payer and estimate at admission; transfer; theatre with the package; interim and final bills; claim from the complete stay	Every charge on the final bill; claim equals the final bill; nothing submitted
S4	Cash stay, emergency admission in the evening shift (Patient Three)	2.3, 2.4, 2.5, 2.7–2.9, 2.11	Registered at admission; part payment, balance and one refund	Interim bill shows every charge so far; refund stamped with user, branch and shift
S5	Day close by shift	3.1, 3.3	Each shift closes on its own receipts	Receipts by mode, user and shift equal the bills collected, for each shift
S6	Charge capture	3.2	Orders, issues, bed days and theatre compared with the final bills	No charge missing; no ward slip used
S7	Access by role and branch	0.3, 3.4	Screens outside a role, and Patient Four at the second branch, are refused	Every attempt refused
S8	Audit trail	3.5	The activity log shows who did what, and when	Transfer, final bill and refund each logged with user and time
S9	Discharge and bed turnaround	4.1	The bed is freed after the final bill	Bed freed on the bed board; time recorded for the baseline
S10	Data migration	M.1–M.8	The masked sample loads, reconciles and reloads	Counts and totals equal the source; ten of ten spot checks match; the reload repeats them
S11	Enterprise only	4.4	Financial analysis, statutory report pack and the reversal console	Reversal controlled and logged (Skip on Professional)
S12	Optional modules	4.5	Stores and blood bank, if the site has them switched on	Stock and issue tied to the record (Skip if not switched on)

A6 Data handling and privacy

Under India's Digital Personal Data Protection Act, 2023.

- **The hospital is the data fiduciary.** ClinexGen processes trial data only to run this trial.
- The walkthrough uses made-up **TRIAL** patients. The migration test uses a masked sample: names, mobile numbers and ID numbers are replaced before the file leaves the hospital.
- Real personal data is used only with the hospital's written approval, and then only as a masked sample.
- Access is limited to the named trial users in A3. Their accounts are switched off when the trial ends.
- Tariff and package figures in the trial are made-up test values for easy arithmetic, not ClinexGen or hospital rates.
- Claims are prepared and checked, never sent to a real TPA or insurer.
- After the go / no-go, trial data is **deleted within 30 days** and ClinexGen confirms it in writing, or **carried into go-live** if the hospital signs for it in A9.
- Never write a password in a note or on the issue log.

A7 Success and exit criteria

Tick Met when the target is reached. The pilot then measures the same four things from the hospital's own reports; no time-saved or payback figure is quoted.

#	KPI	TARGET	MET?
1	Coverage	Every checkpoint in Part B marked Pass, Fail, Blocked or Skip, with the reason for each Skip	☐ Yes ☐ No
2	Charge capture	Every order, issue, bed day and theatre charge on the final bill, with no ward slip	☐ Yes ☐ No
3	Order once	Lab and pharmacy charges reach the bill without retyping (Professional)	☐ Yes ☐ No
4	Day close	Receipts by mode, user and shift equal the bills collected, for each shift	☐ Yes ☐ No
5	Claim readiness	The TPA claim matches the final bill of the complete stay	☐ Yes ☐ No
6	Stamps	Every receipt, refund and reversal carries user, branch and shift	☐ Yes ☐ No
7	Access	Each role sees only its screens; the second branch's record is refused (3.4 Pass)	☐ Yes ☐ No
8	One record	A returning patient opens the same record; the duplicate check catches a repeat	☐ Yes ☐ No

#	KPI	TARGET	MET?
9	Baseline measures recorded	Billing leakage · day close · claim rejections · bed turnaround (4.3)	☐ Yes ☐ No
10	Migration completeness	Loaded plus rejected rows equal the extract; every reject explained	☐ Yes ☐ No
11	Migration accuracy	Every count and total equals the source; ten of ten spot checks match	☐ Yes ☐ No
12	Repeatable load	The reload gives the same counts and totals, with no duplicates	☐ Yes ☐ No
13	Migration signed off	The trial owner signs before the run continues (M.8)	☐ Yes ☐ No

Go when all thirteen KPIs are met. **Conditional go** when KPIs 4, 6 and 7 (money and access) are met and every other open item is named in A9 with an owner and a date. **No-go** when KPI 4, 6 or 7 is not met, when 3.4 fails, or when an open item has no owner.

A8 Issues and escalation

Every Fail and Blocked goes on the issue log with a severity. Response times are the standard-cover times in the Nucleus service levels, to first response.

SEVERITY	FOR EXAMPLE	HANDLED BY	RESPONSE
Critical	The trial cannot continue, or a role or branch sees what it should not (3.4 Fail)	Delivery engineer with the trial lead; the client trial owner is told at once	1 hour, 07:00–23:00 daily
High	A scenario fails and there is no way round it	Delivery engineer	4 business hours
Medium	A scenario fails but there is a way round it	Delivery engineer	1 business day
Low	Wording, layout or a screen-name difference	Trial lead logs it	3 business days

Escalation. A department user raises the issue with the **client trial owner**, who logs it with the **ClinexGen trial lead**. If a Critical or High issue is not moving within its response time, the trial owner escalates to the **ClinexGen support desk** (info@clinexgen.com · +91 7338 786 196), and the trial lead brings the **client sponsor** in at the next check-in.

A9 Go / no-go and sign-off

Decided on day 14, by the client sponsor and the ClinexGen trial lead together.

- ☐ **Go.** Every KPI in A7 is met. Go-live is planned from the proposal.
- ☐ **Conditional go.** Go-live goes ahead with the open items below. Each has an owner and a date, and is closed before the department it affects goes live.
- ☐ **No-go.** The trial stops; the reasons are recorded below, and trial data is deleted (A6).

#	OPEN ITEM OR REASON	OWNER	DUE DATE
1			
2			
3			
4			
5			

- ☐ **Delete the trial data.** ClinexGen confirms the deletion in writing within 30 days.
- ☐ **Carry the trial data into go-live.** The hospital approves this by signing below.

For the hospital · client sponsor

Name _____

Signature _____

Date _____

For ClinexGen · trial lead

Name _____

Signature _____

Date _____

PART B

The functional walkthrough

For the department users and the trial owner: 38 checkpoints, about one working day

B1 Environment, logins, configuration and trial data

Set these up before the first checkpoint. The ground rules for data are in A6.

Environment. The trial address, served over HTTPS, and an admin login from the ClinexGen trial lead; India hosting or the hospital's own server (note which); one browser window or profile per login, so sessions don't collide; a printer for bills, receipts and the discharge summary; and a results sheet with one row per checkpoint.

TRIAL LOGINS

LOGIN	ROLE	SEES AND DOES
trial.admin	Administrator	Masters, tariff, roles and rights, branches, reports
trial.front	Front office	Appointments, registration, admission, bed board
trial.drA	Doctor A	OP casesheet and orders; theatre; discharge summary for Patient Two
trial.drB	Doctor B	Ward notes and discharge summary for Patient Three
trial.nurse	Nurse	Nursing notes, vitals, transfers
trial.lab	Lab	Lab orders and results
trial.pharmacy	Pharmacy	Issues to the visit or the stay
trial.tpa	TPA desk	Payer, estimate, claim
trial.cashier	Billing and collection	OP, interim and final bills, receipts, refunds, part payments, day close

CONFIGURATION BEFORE THE RUN

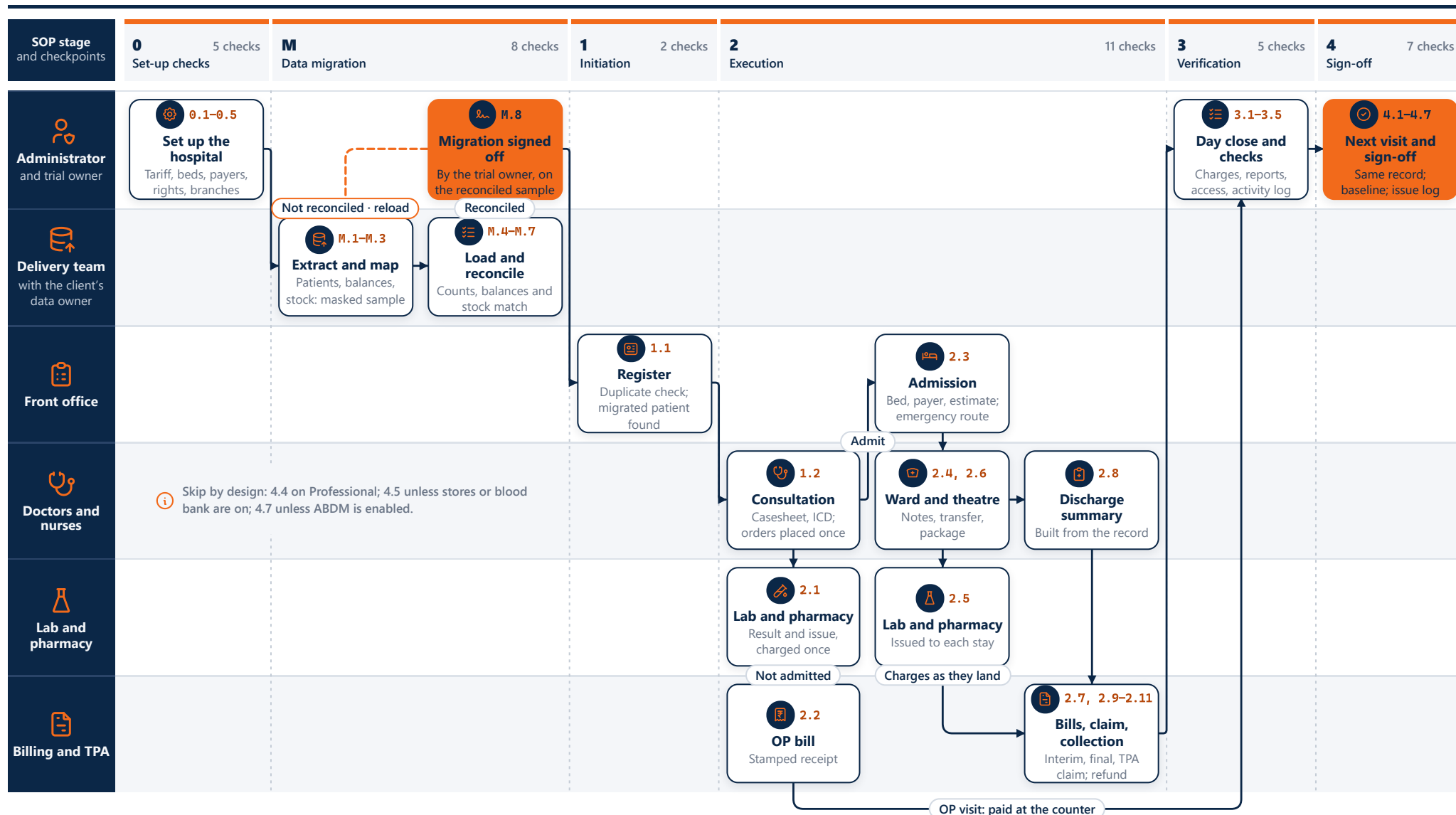
SETTING	VALUE FOR THE TRIAL
Hospital and branches	TRIAL Hospital Chennai: the main branch, and a second branch for the access test
Tariff	One tariff for every bill: consultation, bed day, theatre, three lab tests, three medicines (made-up test values)
Packages	One surgical package
Beds	A bed board with one general ward and one private room
Casesheet forms	One form template; ICD coding on
Payers	TRIAL TPA and TRIAL Insurer with their masters
Rights	View, add, edit, delete, print per screen for each role; every trial login on the main branch only
Shifts	Morning and evening collection shifts

TRIAL DATA SET

RECORD	NAME	PATH
OP patient	TRIAL Patient One	OP visit, lab, pharmacy, OP bill paid at the counter; a second visit later (4.2)
IP patient, insured	TRIAL Patient Two	Admission, ward, transfer, theatre with the package, interim and final bills, TPA claim
IP patient, cash	TRIAL Patient Three	Emergency admission in the evening shift, ward, discharge, part payment, balance and a refund
Second-branch patient	TRIAL Patient Four	Registered at the second branch in 0.5; used only to test that branch access is refused (3.4)

B2 The whole run on one page: set-up to day close, with data migration

Each box is a group of Part B steps, done by its lane; the numbers are the steps that test it. Orange marks a sign-off by someone other than the person doing the work. Dashed lines are fix-and-reload loops.



A group of steps
Signed off by someone else
 Then
 Fix and reload

Data migration (M) comes before the run

B3 Step cards

Mark every checkpoint. Copy each Fail and Blocked onto the issue log, with a severity (A8).

0.x Set-up checks Before the first patient or bill: the workspace, masters, roles and branches.

5 checkpoints · 30 min

0.1 Admin

Sign in over HTTPS; open masters, tariff, roles and reports

CHECKPOINT Every screen opens without an error

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.2 Admin

Check the tariff, the package and the bed board

CHECKPOINT One tariff serves every bill

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.3 Admin

Set rights per screen (view, add, edit, delete, print) for each role

CHECKPOINT Saved

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.4 Admin

Check the TPA and insurer masters and the two collection shifts

CHECKPOINT Present

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.5 Admin

Confirm the second branch, and register TRIAL Patient Four there

CHECKPOINT Patient Four shows at the second branch only

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.x Data migration A masked sample, loaded, reconciled, reloaded and signed off.

8 checkpoints · 2 h

M.1 Trial owner

Agree the scope: patients, outstanding balances by patient and payer, and stock (if stores is switched on) from the current system, the cut-off date, and the totals to reconcile against

CHECKPOINT Scope noted: source, row counts, cut-off date, source totals

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.2 Delivery team

Extract a sample of 50 patients, balances for 10 of them and 20 stock items from the source; mask names, mobile numbers and ID numbers

CHECKPOINT Extract has the agreed rows; nothing identifies a real person

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.3 Delivery team

Map each source column to a Nucleus field in a mapping sheet; fix date formats, codes, mobile numbers and duplicates; match stock units of measure and batches

CHECKPOINT Every source column mapped, or marked not migrated

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.4 Delivery team

Load the sample into the trial workspace by the route agreed for the site (import file or delivery-team load); count loaded and rejected rows

CHECKPOINT Loaded plus rejected equals the extract; each reject explained

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.5 Delivery team

Reconcile: patient count; balance total by patient and by payer; stock quantity and value by item

CHECKPOINT Every count and total equals the source

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.6 Front office / Billing

Spot-check ten migrated records: search each patient (the duplicate check must not flag them twice), open balances in billing and stock items in stores

CHECKPOINT All ten match the source

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.7 Delivery team

Remove or switch off the loaded sample, then load it again

CHECKPOINT Same counts and totals the second time; no duplicates

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.8 Trial owner

Sign off the migration; agree the plan for loading real records at go-live

CHECKPOINT Signed; the run continues on the migrated records

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

1.x Initiation

The trial records enter the system.

2 checkpoints · 20 min

1.1 Front office

Register TRIAL Patients One and Two; book appointments; register Patient One again by mistake

CHECKPOINT Duplicate check warns on the repeat

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

1.2 Doctor A

Casesheet, prescription and ICD code for Patient One; order a lab test and medicines

CHECKPOINT Order created once

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.x Execution

The main flow: an OP visit, two stays, bills, the claim and collection.

11 checkpoints · 2 h 30 min

2.1 Lab / Pharmacy

Enter Patient One's result; issue the medicines

CHECKPOINT Charges appear on Patient One's bill without retyping

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.2 Cashier

Raise the OP bill and collect

CHECKPOINT Receipt stamped with user, branch and shift

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.3 Front office

Admit Patient Two (insured): bed, payer, estimate. In the evening shift, admit Patient Three (cash) through the emergency route, registering at admission

CHECKPOINT Beds show occupied on the bed board; estimate saved; Patient Three registered once

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.4 Nurse / Doctor B

Nursing notes and vitals for both stays; Doctor B's ward notes for Patient Three; transfer Patient Two to the private room

CHECKPOINT Notes on each stay; transfer recorded; bed board updated

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.5 Lab / Pharmacy

Order a test and issue medicines to each stay

CHECKPOINT Each charge lands on the stay as it happens

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.6 Doctor A

Theatre for Patient Two using the package; notes on the stay

CHECKPOINT Theatre and package charges on the stay

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.7 Cashier

Raise an interim bill for each stay; take a part payment from Patient Three

CHECKPOINT Interim bill shows every charge so far

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.8 Doctor A / Doctor B

Discharge summaries from the record: Doctor A for Patient Two, Doctor B for Patient Three

CHECKPOINT Summary built from the stay, not retyped

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.9 Cashier

Final bills for both stays

CHECKPOINT No charge missing; no ward slip needed

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.10 TPA desk

Prepare the claim for Patient Two from the complete stay; don't submit it

CHECKPOINT Claim matches the final bill

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

2.11 Cashier

Collect the balances; refund one item

CHECKPOINT Refund stamped with user, branch and shift

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note _____

3.x Verification

Totals, links, access and the audit trail, checked against what the trial created.

5 checkpoints · 1 h

3.1 Cashier / Admin

Close the day for each shift

CHECKPOINT Receipts by mode, user and shift equal the bills collected

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

3.2 Admin

Compare orders, issues, bed days and theatre with the final bills

CHECKPOINT Every charge is on a bill

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

3.3 Admin

Run the daily summary; receipts by mode, user and shift; refunds and discounts; balances by patient and payer

CHECKPOINT Figures match the trial

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

3.4 Each login

Try a screen outside the role; then, from the main branch, try to open TRIAL Patient Four at the second branch

CHECKPOINT Refused, every time

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

3.5 Admin

Read the activity log and approval history for 2.4, 2.9 and 2.11

CHECKPOINT Who and when recorded

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.x Sign-off

The closing steps, the baseline measures and the issue log.

7 checkpoints · 40 min

4.1 Front office

Hand over the summary and receipt; the patient goes home

CHECKPOINT Bed freed on the bed board; time noted for bed turnaround

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.2 Front office

Second visit for Patient One

CHECKPOINT The same record opens, with past visits

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.3 Trial owner

Record the four baseline measures (A7, KPI 9)

CHECKPOINT Baseline written down

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.4 Admin

Enterprise trials only: financial analysis, statutory report pack, a reversal through the reversal console

Skip on a Professional trial.

CHECKPOINT Reversal controlled and logged

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.5 Stores / Blood bank

Only if switched on: indent, purchase order, goods receipt, stock; one blood issue

Skip if the site has not switched these on.

CHECKPOINT Stock and issue tied to the record

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.6 Admin

Send the issue log to the ClinexGen trial lead; switch the TRIAL records off

CHECKPOINT Issue log sent

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.7 Any

ABDM / ABHA

Skip unless enabled for the site.

CHECKPOINT Built, ready to enable: run only with the hospital's own ABDM registration

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

B4 Troubleshooting

Anticipated issues and the first thing to do.

SYMPTOM	LIKELY CAUSE	IMMEDIATE ACTION
Duplicate patient created	Duplicate check bypassed, or patient searched by a different field	Search by name and mobile first; log it if the check didn't warn

SYMPTOM	LIKELY CAUSE	IMMEDIATE ACTION
Lab or pharmacy charge not on the bill	Service not in the tariff, or the edition is Standard	Add the service to the tariff; on Standard, lab and pharmacy run separately (expected)
Bed board doesn't free the bed	Discharge not completed	Finish the discharge summary and final bill, then check again
Theatre package not applied	Package not linked to the procedure	Link the package; raise the interim bill again
Interim bill short of charges	Charges entered against the wrong stay	Correct through a reversal, not by editing the bill
Day close doesn't tie	Receipt taken in the wrong shift or mode	Find the receipt by user and shift; reverse and take it again
Claim total differs from the final bill	Payer or estimate set wrong at admission	Correct the payer on the stay; prepare the claim again
Refund not allowed	Role lacks the right	Grant the right to the cashier role; retry
User sees the second branch's record	Branch rule not enforced	Mark 3.4 Fail; log it as Critical and tell the ClinexGen trial lead at once (A8)
Reversal console missing	Edition is Professional	Expected; it is on Enterprise
ABHA screens not active	ABDM is built but not enabled for the site	Skip 4.7; enable only with the hospital's own ABDM registration
Rows rejected for dates	Source dates in a different format	Fix the format rule in the mapping sheet; load again
Mobile numbers rejected or merged	Country code or spaces, or one number shared by a family	Store ten digits; keep shared numbers and check how duplicates are flagged
Totals don't reconcile	Totals taken at a different cut-off, or rows rejected without notice	Take the totals and the extract at the same cut-off; count every reject
Records doubled after the reload	The first sample wasn't removed, or the load can't be repeated	Remove or switch off the sample first; mark Fail if the load can't be repeated
Text garbled after the load	Extract not saved as UTF-8	Save the file as UTF-8 and load again
Legacy IDs clash with numbering	Migrated IDs overlap the product's own numbering series	Keep the legacy ID in a reference field; let Nucleus number new records
Stock value differs	Units of measure or batches split differently in the source	Map units and batches explicitly; reconcile item by item

B5 Daily check-in record

Filled in at the end-of-day check-in (A4). One line a day.

DAY	DATE	STEPS RUN	ISSUES OPENED	ISSUES CLOSED	TRIAL OWNER	TRIAL LEAD
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Copy every Fail and Blocked here, with its severity (A8). Open items at day 14 carry into A9.

Logged by	Role	Date
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