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POCT SERVICES
Complete Medical Solution

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TECHNICAL SERVICE REPORT

27/09/2019

REPORT NO.: POCT/SD/ **39333** SERVICE NOTIFICATION NO.: [] [] [] [] [] [] [] [] [] []

CUSTOMER NAME: **Director Central Lab RMRIMS**

ADDRESS: **Agankuan Patna-7**

CITY: STATE: PIN CODE:

CONTACT PERSON: CONTACT NO.:

DEPARTMENT: **Pathology (Biochemistry)**

E-MAIL ADDRESS:

INSTRUMENT STATUS: WARRANTY AMC/CMC/RENTAL/DEMO CHARGEABLE CALL COURTESY CALL

CONTRACT PERIOD: TO EXPIRED ON: WORKED CARRIED OUT AT SITE OFFICE

SITE VOLTAGE: PN: PG: NG: STABILISER/UPS Y/N

INSTRUMENT NAME: **Microbb** MAKE: **Merck** MODEL NAME: **300** SR. NO.: **6-5931**

CALL LOG DATE: CALL ATTEND DATE: **27/09/19** CALL CLOSE DATE: **27/09/19** TAT TIME:

TIME: TIME: TIME: HR:

PROBLEM REPORTED: **Nil**

ACTION TAKEN: **Check & clean the instrument, working ok. PM done**

DETAIL OF TEST PERFORMED (ATTACH THE INSTRUMENT GENERATED RESULT PRINTOUT)

TEST DESCRIPTION	RESULT OBTAINED	REMARK

ENGINEER'S REMARK: **Instrument is working satisfactorily.**

PERSON TRAINED DURING INSTALLATION	
NAME	SIGNATURE

CUSTOMER'S REMARK:

ENGINEER'S NAME: **Amitank** CUSTOMER'S NAME: **Sanyal**

SIGNATURE: [Signature] SIGNATURE WITH STAMP: [Signature] 27/9/19

PLEASE ENSURE FILLING AND SENDING OF INSTALLATION REPORT ALONG WITH THIS REPORT AT THE TIME OF INSTALLATION.

POCT SERVICES PRIVATE LIMITED

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