



Lab Code No. 1987

BASIC SEROLOGY
FINAL RESULT ASSESSMENT

CYCLE NO. : 9

ROUND: 6

TOTAL PARTICIPANT: 170

DATE: 30/11/2020

Parameter	Total Responses	Your Result	All Lab Result
Dengue IgM	126	Negative	Non-Reactive : 125 Positive : 01
HIV	130	Non-Reactive	Non-Reactive : 130

Chief Coordinator

Dr. Sanjay Mehrotra

Programme Director

Dr. Bandana Mehrotra

Checked By:

****End of Report****





RML - Quality Assurance Program (RML - QAP)



To,
Dr. Rohini Kalhan
Alaknanda Diagnostic Lab,
H-1, Vikrhadiya Tower, Alaknanda
Shopping Complex, New Delhi
Ph: 9511046497

Date: 26.10.2020

Subject: RML Quality Assurance Program 2020-Cycle-Nine (9)

Dear Participant,

We confirm your enrollment in our **Quality Assurance Program Cycle-9, 2020**. Mentioned below are some important details.

1. Your Lab Confidential Code is **1987**
2. Field you opted for
a) **Sero-01**

3. You are requested to mention only your **Lab Code** while submitting the results which can also be mailed to us at rmlresearchfoundation@gmail.com clearly mentioning your lab code in **subject line**.

4. Sample dispatch will have prior information.

5. If you have not received the sample within 5 days of dispatch or there is any discrepancy in the sample received. Kindly send an email urgently. So that corrective action can be taken.

6. Please adhere to mentioned time lines.

"QAP program success is dependent on your cooperation"

Chief PT Coordinator

(Dr. Sanjay Mehrotra)

Address: B-171, Nirala Nagar, Lucknow - 226 020. Ph. : 4034100-130 (30 Lines) 4077180, Fax : (0522)2788555

Email: rmlresearchfoundation@gmail.com

Website: www.rmlpathology.com



Continuous Efforts And Execution Leads To Quality Excellence

Lab Code No. (To be filled by the RML-QAP Provider)

Serum sample shall be provided to participant for carrying out the following parameters.
Please tick following.

Test Parameters	Methodology	Instrument Make	Model	Operation
1. C-Reactive Protein	(1) Nephelometry <input type="checkbox"/> (2) Slide agglutination <input checked="" type="checkbox"/> (3) Others <u>TURBIDOMETRY</u> ✓ <u>TURBICATEX</u>	(1) Immage <input type="checkbox"/> (2) Rotator <input checked="" type="checkbox"/> (3) Others <u>TURBO CHEM-LIN</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> mg/L (unit) <input checked="" type="checkbox"/> Others _____
2. HBsAg	(1) Chemiluminescence <input type="checkbox"/> (2) Immonochromatography <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others <u>RAPID Lateral Flow</u> <u>IMUNOCHROMATOGRAHY</u>	(1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
3. Anti HCV	(1) Chemiluminescence <input type="checkbox"/> (2) Immonofiltration <input type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others <u>RAPID IMUNO CHRO</u> <u>MATOGRAHY</u>	(1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
4. RPR	(1) Slide agglunation <input checked="" type="checkbox"/> (2) others _____	(1) Rotator <input checked="" type="checkbox"/> (2) others _____	<input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input type="checkbox"/> Others _____
5. Rheumatoid Factor IgM/IgG	(1) Nephelometry <input type="checkbox"/> (2) Slide agglunation <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) Others _____	(1) Immage <input type="checkbox"/> (2) Rotator <input checked="" type="checkbox"/> (3) others _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
6. ASO Titre	(1) Nephelometry <input type="checkbox"/> (2) Slide agglunation <input checked="" type="checkbox"/> (3) Others _____	(1) Immage <input type="checkbox"/> (2) Rotator <input checked="" type="checkbox"/> (3) others _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
7. Typhoid IgM/IgG	(1) Tpyhidot <input checked="" type="checkbox"/> (2) Immunchromatography <input type="checkbox"/> (3) Others _____	(1) Rapid Card <input type="checkbox"/> (2) others <u>DOT ELISA</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
8. Dengue IgM/IgG	(1) Immunchromatography <input checked="" type="checkbox"/> (2) ELISA <input type="checkbox"/> (3) Others _____	(1) Rapid Card <input checked="" type="checkbox"/> (2) ELISA Reader <input type="checkbox"/> (3) Other _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____
9. HIV*	(1) Chemiluminescence <input type="checkbox"/> (2) Immonochromatography <input checked="" type="checkbox"/> (3) ELISA <input type="checkbox"/> (4) others _____	(1) Vitros <input type="checkbox"/> (2) Elycses <input type="checkbox"/> (3) Cobas <input type="checkbox"/> (4) Rapid Card <input checked="" type="checkbox"/> (5) ELISA Reader <input type="checkbox"/> (6) Others _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Auto <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Others _____

Date:

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MBBS, MD
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Authorised Signatory
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New Delhi 122002