



Installation Report of Medonic

Customer Name : District Women Hospital, Pilibhit

Instrument Name : Medonic M series **Model :** M20 **Serial Number :** 4000062

Installation Date: 07 February, 2017 **Contact Person:** Dr. Afzal Husain

Annexures :-

Annexure-I :-Background and %CV results obtained

Annexure-II :-Factors obtained before and after calibration and IQC results

ANNEXURE-I

1. Results obtained after running background.

Parameter	Value	Range	Status
RBC	0.00	$\leq 0.01 (10^{12}/L)$	Passed
WBC	0.0	$\leq 0.1 (10^9/L)$	Passed
HGB	0.0	$\leq 0.2 (g/dL)$	Passed
PLT	0	$\leq 10 (10^9/L)$	Passed

Note:- Printout of the snapshot of the background results are attached herewith.

2. %CV obtained after running calibrator multiple times:-

Test	TargetCV[%]	Meanresult	CV[%]	Status
RBC	<2.2%	3.92	1.0	Passed
WBC	<4.2%	7.6	2.6	Passed
HGB	<1.8%	11.5	1.4	Passed
PLT	<5.8%	222	2.0	Passed
MCV	<1.8%	78.5	0.2	Passed
MPV	<2.0%	10	0.7	Passed

Note:- Printout of the snapshot of the calibration results are attached herewith.

ANNEXURE-II

1. Factors obtained before and after calibration:-

Test	Target value & Range	Old Factor	New Factor	Status
RBC	4.00±0.10	17.8	20.5	Cal Done
WBC	8.5±0.3	-4.5	6.3	Cal Done
HGB	11.5±0.2	-6.5	-6.5	Cal Done
PLT	236±15	6.5	-13.5	Cal Done
MCV	80±2.0	-2.8	-1.0	Cal Done
MPV	10.6±1.5	-20.7	-15.9	Cal Done

Note:- Printout of the snapshot of the calibration results are attached herewith.

2. Results of the Internal Quality Control after calibration:-

Test	Range Low QC	Result	Range Normal QC	Result	Range High QC	Result
RBC	2.32(2.17-2.47)	2.35	4.28(4.08-4.48)	4.31	5.21(4.96-5.46)	5.37
WBC	2.6(2.0-3.2)	3.0	7.2(6.6-7.8)	7.3	16.7(14.2-18.2)	16
HGB	6.1(5.8-6.4)	6.4	11.9(11.5-12.3)	12.1	15.6(15.0-16.2)	15.7
PLT	53(38-68)	52	193(163-223)	218	412(352-472)	476
MCV	72.4(66.4-78.4)	77.3	81.8(81.2-82.4)	83.8	89.1(83.1-95.1)	91.2
MPV	9.0(7.5-10.5)	9.6	8.7(7.2-10.2)	9.0	13.5(8.5-18.5)	9.1

Note:- Printout of the snapshot of the IQC results are attached herewith.

Service Engineer Signature.....

Customer Signature.....



Rout

Run in Background(Medonic S.No-400062)

Calibration Report

Whole Blood Calibration

Profile: BLOOD

Use	MCV	SEQ	ID
<input checked="" type="checkbox"/>	78.6	1932	CAL
<input checked="" type="checkbox"/>	78.6	1933	CAL
<input checked="" type="checkbox"/>	78.3	1934	CAL
<input checked="" type="checkbox"/>	78.6	1935	CAL
<input checked="" type="checkbox"/>	78.4	1936	CAL

Mean: 78.5 CV%: 0.2

Orig CAL Factor	New CAL Factor	Target Value	CAL Value
-2.8	-1.0	80.0	

Buttons: Set TV, Use CAL, Next, Exit

Whole Blood Calibration

Profile: BLOOD

Use	WBC	SEQ	ID
<input checked="" type="checkbox"/>	7.5	1932	CAL
<input checked="" type="checkbox"/>	7.9	1933	CAL
<input checked="" type="checkbox"/>	7.5	1934	CAL
<input checked="" type="checkbox"/>	7.4	1935	CAL
<input checked="" type="checkbox"/>	7.7	1936	CAL

Mean: 7.6 CV%: 2.6

Orig CAL Factor	New CAL Factor	Target Value	CAL Value
-4.5	+6.3	8.5	

Buttons: Set TV, Use CAL, Next, Exit

Whole Blood Calibration

Profile: BLOOD

Use	RBC	SEQ	ID
<input checked="" type="checkbox"/>	3.88	1932	CAL
<input checked="" type="checkbox"/>	3.88	1933	CAL
<input checked="" type="checkbox"/>	3.94	1934	CAL
<input checked="" type="checkbox"/>	3.91	1935	CAL
<input checked="" type="checkbox"/>	3.97	1936	CAL

Mean: 3.92 CV%: 1.0

Orig CAL Factor	New CAL Factor	Target Value	CAL Value
+17.8	+20.5	4.00	

Buttons: Set TV, Use CAL, Next, Exit

Whole Blood Calibration

Profile: BLOOD

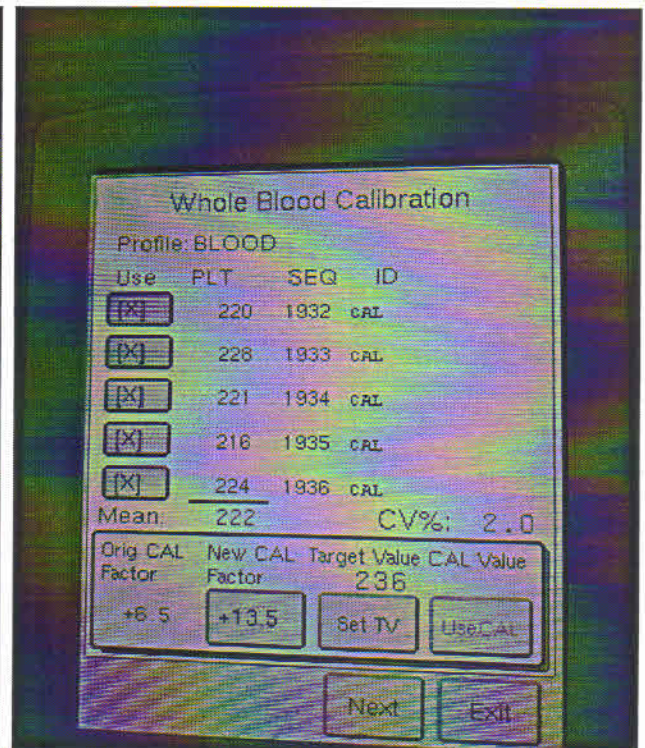
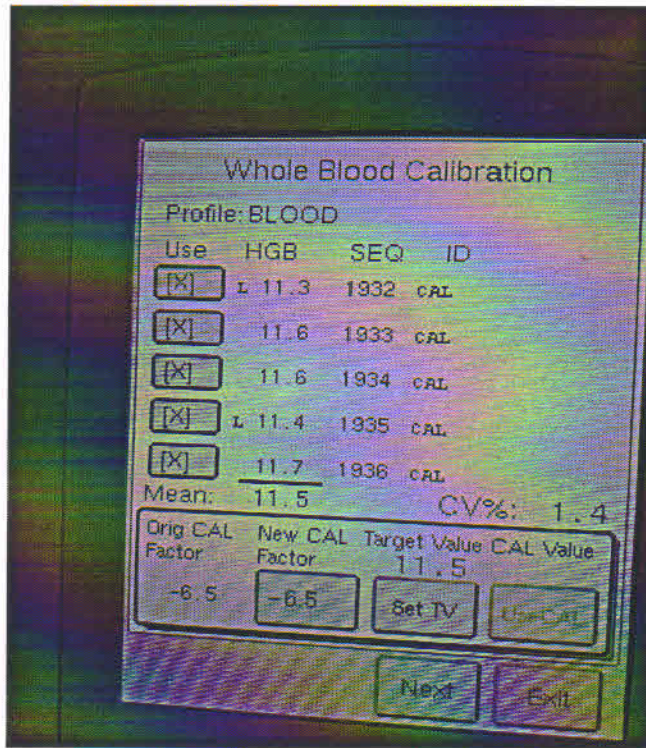
Use	MPV	SEQ	ID
<input checked="" type="checkbox"/>	10.0	1932	CAL
<input checked="" type="checkbox"/>	9.9	1933	CAL
<input checked="" type="checkbox"/>	10.0	1934	CAL
<input checked="" type="checkbox"/>	9.9	1935	CAL
<input checked="" type="checkbox"/>	10.0	1936	CAL

Mean: 10.0 CV%: 0.7

Orig CAL Factor	New CAL Factor	Target Value	CAL Value
-20.7	-15.9	10.6	

Buttons: Set TV, Use CAL, Next, Exit

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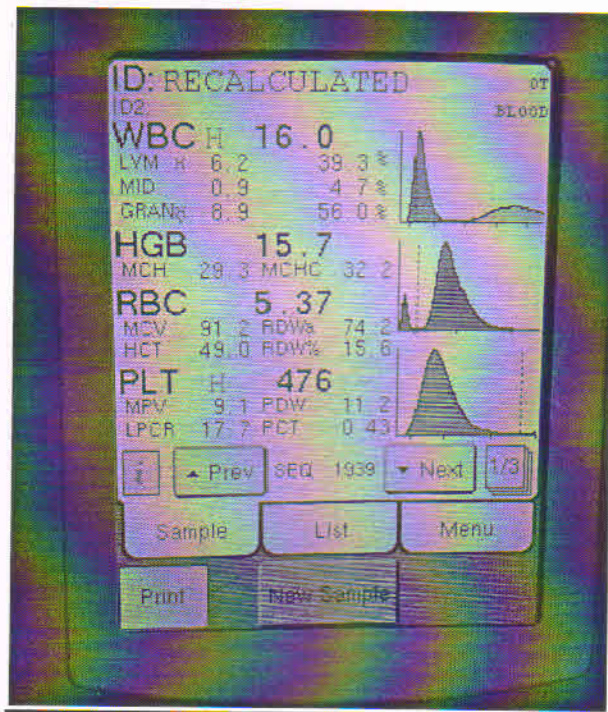
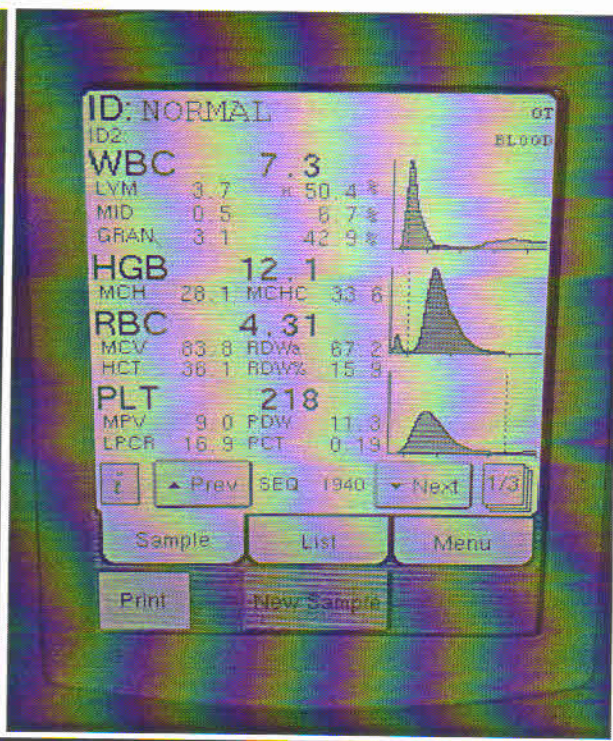
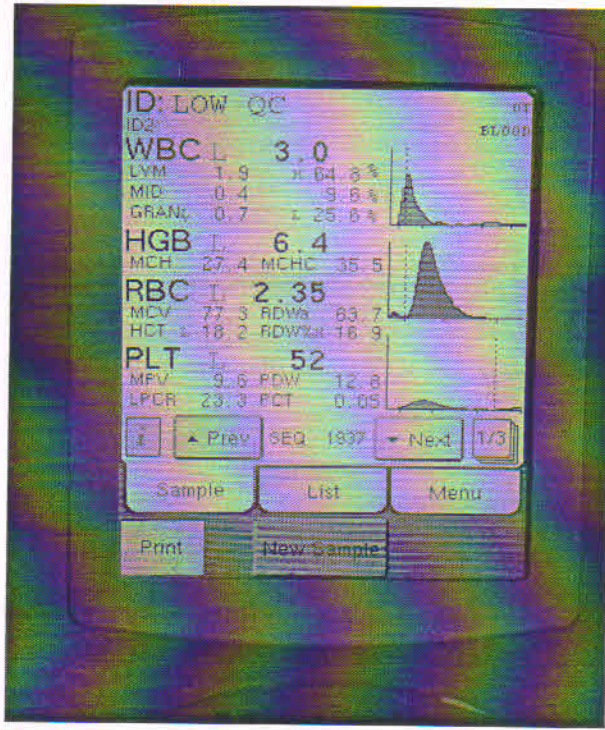


Snapshots of HGB , PLT , WBC , RBC , MPV and MCV report

Law

(Medonic S.No-4000062)

Control Report



Raw

Snapshots of Low ,Normal and High Control(Medonic S.No-400062)

CERTIFICATE OF CALIBRATION VERIFICATION


Customer Name : Pathology Lab, District Women Hospital, Pilibhit (U.P.)

Instrument Name : Medonic M series **Model :** M20 **Serial Number :** 1400062

Calibration done on : 24-12-2021 **Next Calibration due :** 23-12-2022

Contact Person: Dr. Afzal Husain

This is to certify that during its scheduled PMS above mentioned instrument has been verified for its calibration for six CBC parameters i.e. RBC, MCV, PLT, MPV, HGB and WBC in open tube mode after verifying the background run for the machine. Calibration was verified by running three levels of control.


Calibration and PMS done by : Gajendra Pratap Singh
Service Engineer
POCT Services

8001:2008 CERTIFIED

POCT SERVICES
Complete Hospital Solution

Customer's Copy

13508
07 Feb 2017

TECHNICAL SERVICE REPORT

CN/ 28111

REPORT NO.: POCT/SD/ _____ SERVICE NOTIFICATION NO.: _____

CUSTOMER NAME: **District Women Hospital**

ADDRESS: **Pilibhit** STATE: **U.P.** PIN CODE: _____

CITY: **Pilibhit** CONTACT PERSON: **Mr. Umesh Chandra Gupta** CONTACT NO.: _____

DEPARTMENT: **Pathology**

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

CONTRACT PERIOD: _____ TO _____ EXPIRED ON: _____

SITE VOLTAGE: **230V** STABILISER/UPS: WORKED CARRIED OUT AT: SITE OFFICE

INSTRUMENT NAME: **Call Counter** MAKE: **Medonic** MODEL NAME: **M-20** SR. NO.: _____

CALL LOG DATE: _____ CALL ATTEND DATE: _____ CALL CLOSE DATE: _____ TAT TIME: _____

TIME: _____ TIME: _____ TIME: _____ HR: _____

PROBLEM REPORTED: **Installation of Machine.**

ACTION TAKEN:
 -> **Print**
 -> **Control**
 -> **Test perform.**

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

TEST DESCRIPTION	RESULT OBTAINED	REMARK
HB	12.5	<input checked="" type="checkbox"/>
PLT	210	<input checked="" type="checkbox"/>

ENGINEER'S REMARK: Machine Working Well.	PERSON TRAINED DURING INSTALLATION	
	NAME	SIGNATURE
	Mr. Umesh Chandra Gupta	
	Mr. Ravindra Kumar	

CUSTOMER'S REMARK: _____

ENGINEER'S NAME: **Prashant Kr. Singh**
Grajendra Pratap Singh
Ravi Upodhyay.

CUSTOMER'S NAME: **मुख्य चिकित्सा अधिकारी**
जिला महिला चिकित्सालय
पीलीभीत

SIGNATURE _____ SIGNATURE WITH STAMP _____

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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