

### Performance Qualification

**Purpose:** The purpose of the performance qualification (PQ) is to confirm that the instrument is installed and performed as per requirement.

S no	Parameter	Expected result	Obtained value	Result
1	AD Values of 340nm	30,000 to 60,000	50848	OK
2	AD Values of 405nm	30,000 to 60,000	51408	OK
3	AD Values of 450nm	30,000 to 60,000	51888	OK
4	AD Values of 510nm	30,000 to 60,000	51368	OK
5	AD Values of 546nm	30,000 to 60,000	52432	OK
6	AD Values of 578nm	30,000 to 60,000	51480	OK
7	AD Values of 630nm	30,000 to 60,000	52168	OK
8	AD Values of 700nm	30,000 to 60,000	52160	OK
9	Accuracy study	The results of both QC samples should be in the specified range	YES	OK
10	Precision study	The CV in % should be lesser than 5% for each test	YES	RESULTS ATTACHED-

Reports Print out	Expected	Remarks
Reports of both QC performed	Attached printout/ Saved file name and location	ATTACHED
Reports of precision study done	Attached printout/ Saved file name and location	ATTACHED

- The analyzer passed the performance qualification
- The analyzer didn't pass the performance qualification

Special note:

*[Handwritten signature]*

Engineer name and signature

Customer name and signature



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DIAGNOSTICS  
 Ozone Bio Diagnostics Pvt. Ltd.

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## INSTRUMENT INSTALLATION REPORT

Hospital/Lab Name: **OLIVE HEART & DIAGNOSTIC**  
 Address: **SECTOR 117 TDI AIRPORT ROAD** District: **MOHALI** State: **PUNJAB**  
 Pin: **140055** Ph. No.: **9988897049** Email ID: **olivepathology@gmail.com**

Model: **C Sense 100** Instrument: **Fully Automatic Analyzer**  
 Serial No.: **412110011** Class No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Invoice No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 O.C. No.: \_\_\_\_\_ Date: \_\_\_\_\_ Instrument Delivery Date: \_\_\_\_\_ Instrument Installation Date: **30/06/2021**  
 Customer Code: \_\_\_\_\_ (for office use only)

Pre-installation report made by: **AJAY** Report No.: \_\_\_\_\_ Date: \_\_\_\_\_ Site Status: **Ready/Not Ready**  
 Warranty: **3 Year** (Warranty starts either from the date of delivery or installation of instrument whichever is earlier)

Contact Person:

SN	NAME	DESIGNATION	PHONE/CELL NO.	EMAIL ID
1	<b>Dr. Suchita Gupta</b>	<b>Owner</b>	<b>9988897049</b>	<b>olivepathology@gmail.com</b>

Site Output Voltage: (Kindly check the recommended power supply voltage range mentioned Backside of the instrument or in Service or User manual and should be maintain the same always)  
**234V**  
 Power Source: **DIRECT UPS / ONLINE** (Source voltage should be constant)  
 Site Earthing Voltage: (Earthing voltage should be 0 VAC, otherwise suggest customer to take the necessary steps for it)  
 Line/Neutral: **234V** Line/Earth: **0V** Line/Neutral: **233V** (leakage voltage should be 0 VAC)  
 Humidity: **0%** Site condition: **OK** Ventilation: **OK** Room Size: \_\_\_\_\_  
 Engineers Remarks regarding power source and Site conditions and suggestion to customers: \_\_\_\_\_

Tests Performed:

TEST NAME	RESULT	REMARKS
<b>ALB</b>	<b>4.48</b>	<b>OZO PATH:- All OK in Range</b>
<b>CHOL</b>	<b>2.28</b>	
<b>DT</b>	<b>74.1</b>	
<b>PT</b>	<b>85.1</b>	
<b>TP</b>	<b>6.75</b>	
<b>UREA</b>	<b>50</b>	

Person's Trained: **Miss Asti, Mrs Rajni**

Customer's Remarks: \_\_\_\_\_  
 Engineer's Remarks: **Instrument Installed Successfully**  
**Machine Ready to test**

Service Engineer Name: **AJAY KUMAR** Authorized Signatory: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 Date (DD/MM/YY): **30/06/2021** (with Seal), Date: \_\_\_\_\_