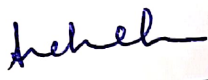


INSTALLATION QUALIFICATION (IQ)

INSTRUMENT DESCRIPTION

MODEL NAME : URIT 50
SERIAL NO. : 5020845E
SOFTWARE VERSION : 13.02.1
MANUFACTURER : URIT MEDICAL ELECTRONIC CO. LTD.
CUSTOMER NAME : OLIVE HEART & DIAGNOSTICS, MOHALI
DATE OF INSTALLATION : 06/10/2021
DATE OF CALIBRATION : 06/10/2021
NAME :
DESIGNATION :
COMPANY :
CUSTOMER (SIGNATURE) : 
NAME : DR. SUCHITA GUPTA
DESIGNATION : DIRECTOR

STANDARD OPERATING PROCEDURE

1. Installation Environment Conditions

Place should not be subjected to direct sunlight
Place should be flat and minimum of dust.

2. Power Supply

Voltage 220-240V AC
1.0 KVA Online UPS.

3. Temperature And Humidity Conditions

The temperature of the analyzer room should be between 15 -
30°C

The temperature fluctuation during the analysis should be $\pm 2^{\circ}\text{C}$

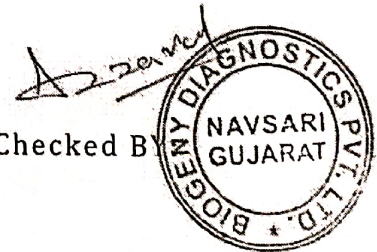
4. Dimensions Of System Main Units (Unit: mm)

290mm x 200mm x 100mm Weight - 2kgs

Tested



Checked By



OPERATIONAL QUALIFICATION (OQ)

ANALYSER CHECK REMARK

- FILTER VOLTAGES : OK
- LIGHT MODULE : OK
- STEPPER MOTOR : OK
- Error msg. list in case of hardware issue : Refer operating manual page no. 20

Tested BY



Checked BY





Factory & Registered Office :
Plot No.1,2, Survey No. 169 (Sisodra) Near Plot No. 425,
New G.I.D.C., Kabilpore, Navseri - 396 424 (Guj).India
Mo. +91 93757 94111. Email : biogeny@beaconindia.com
Web : www.biogenydiagnostics.com • CIN No. U24299GJ2009PTC057520

PERFORMANCE QUALIFICATION (PQ)

FILTER VOLTAGES - All wave length voltage should be within 2500 to 3500 volts

WAVELENGTH	VOLTAGE
550nm	3029
620nm	2851
720nm	2882

✓

Using URIT 11G strips checked the sample Repeatability.Run same sample for 3 times.

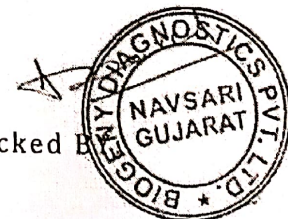
TEST DATAS in

PARAMETERS	READING 1	READING 2	READING 3
LEU(Cell/uL)	0	0	0
KET(mmol/L)	0	0	0
NIT	0	0	0
URO	NORMAL	NORMAL	NORMAL
BIL(umol/L)	0	0	0
PRO(g/L)	0	0	0
GLU(mmol/L)	0	0	0
SG	1.030	1.030	1.030
BLD(cells/uL)	0	0	0
pH	4.5	4.5	4.5
Vc (mmol/L)	5.6	5.6	5.6

Tested By



Checked By



INSTALLATION REPORT



Factory & Registered Office:
Plot No.12, Survey No. 169 (Bhadra) Near Plot No. 425,
New O.I.D.C., Kabilpore, Navsari - 396 424 (Guj), India
Mo. +91 93787 94111. Fax : +91 2637 265105
Email : biogeny@bncanindia.com • Web : www.biogenydiagnostics.com
CIN No. U24290GJ2009PTC057520

REPORT NO.: **20191512**

Customer's Name : **Olive Heart & Diagnostics**

Address : **SCO 210, Sector 117, TDI Airport Road
Mohali (Punjab)**

Phone No. : **9988897049**

Name of Inst. : **Unit-50**

Serial No. : **5020854E**

To be Completed by the Engineer

Name of Operator : **Rajni Mann**

Engineer Remark **Machine is
working good and
during the one sample
analysis satisfactory**
Name & Sign. of Engineer **[Signature]**

INSTALLATION DATE : **6/10/21**

Note : 1 year warranty from date of installation

Power Supply (Voltagess) **234**

Earthing Voltage **1**

Stabilizer / CVT (O/P Voltage) **233**

Printer (Attach Print Out) **Printer working fine.**

General Observations **Machine is working good.**

H.O. Use Only
Checked & Verified by :

Date :

To Be Filled in by the Customer

The above mentioned instrument has been installed satisfactory by the Sales & Service Engineer of Biogeny Diagnostics Pvt. Ltd. We also certify that, instrument along with all accessories as per Delivery Slip No. are received by us in good condition.

Remarks if any :

Name of the customer : **Rajni**

DR. SOCHITA GUPTA
M.D. (Pathology)
Regd. with State PMC 39984
Director
Olive Heart And Diagnostics

Date :



CUSTOMER DETAILS		INSTRUMENT DETAIL		SERVICE STATUS		
NAME: Olive Lab		MODEL: U9ut-50		<input checked="" type="checkbox"/> WARRANTY		
ADDRESS: SCO 210, Sec 117 TDI Airport Road		SR. NO.: 50208546		<input type="checkbox"/> AMC <input type="checkbox"/> CMC		
EMAIL ADDRESS: Mohali		CALL DETAILS		<input type="checkbox"/> CHARGED CALL		
TEL NO.: 8283079743		COMPLAINT RECD.	DATE	TIME	TYPE OF CALL	
NAME OF THE OPERATOR: RAJNI BAJA		COMPLAINT ATTENDED			<input type="checkbox"/> INSTALLATION / REINSTALLATION	
PROBLEM REPORTED: Visit for PM		JOB COMPLETED			<input checked="" type="checkbox"/> P.M. VISIT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
		NO OF SAMPLES TESTED			<input type="checkbox"/> APPLICATION SUPPORT	
		WORK CARRIED OUT AT			<input type="checkbox"/> BREAKDOWN	
		<input checked="" type="checkbox"/> SITE <input type="checkbox"/> SERVICE CENTRE			<input type="checkbox"/> AMC/CMC FOLLOW UP	
					<input type="checkbox"/> SECONDARY REAGENT SALES	
					<input type="checkbox"/> COURTESY CALL	
					<input type="checkbox"/> OTHERS - Service	

OBSERVATIONS:

ACTION TAKEN: Clean the Tray and full Instrument and Clean the dest. Now machine is working ok

VOLTAGE	MAINS	L-N	L-E	N-E	PRINTER SYSTEM	OK	NOT OK
VOLTAGE (O/P)	CVT/UPS/ STABILIZER	L-N 230	L-E 230	N-E	ASPIRATION SYSTEM	OK	NOT OK
HEMATOLOGY REAGENT BRAND USED: <input type="checkbox"/> VECTOR <input type="checkbox"/> OTHER							
VECTOR REAGENT LOT NO. : DILUENT <input type="checkbox"/> LYSE <input type="checkbox"/> RINSE <input type="checkbox"/> EZ <input type="checkbox"/>							

FOLLOWING PARTS HAVE BEEN REPLACED

FOLLOWING PARTS NEED TO BE REPLACED. PLEASE APPROVE

NO.	DESCRIPTION	QTY	COST	TOTAL (Rs.)
TOTAL Rs.				

TO BE FILLED IN BY CUSTOMER

PREVENTIVE MAINTENANCE CARRIED OUT SATISFACTORY.

FAULT RECITIFIED & INSTRUMENT IS WORKING SATISFACTORY.

WE HEREBY APPROVE RS. : _____ FOR PARTS

COMMENTS (IF ANY) :

SEAL DATE CUSTOMER'S SIGNATURE
NAME :
CONTACT NO. :

ENGINEER SUGGESTION / REMARK :

ENGINEER'S SIGNATURE : *Rajni B*

TIME :

ENGINEER'S NAME :

SPACE FOR H.O. USE :

RECEIVED ON :

CHECKED BY :

NOTE : CONSUMABLES & BREAKABLE PARTS ARE NOT COVERED BY WARRANTY AND HENCE ARE CHARGEABLE, PARTS REPLACED DUE TO NEGLIGENCE IN OPERATION WILL ALSO BE CHARGED IN EVERY CASE.

IN CASE OF IMPROPER EARTHING / ABNORMAL ELECTRIC CONDITIONS WARRANTY WILL BE TERMINATED WITH IMMEDIATE EFFECT.

AT VECTOR CUSTOMER SATISFACTION IS OUR PRIME CONCERN. FOR FURTHER ASSISTANCE

PLEASE CONTACT : Factory & Registered Office : 425, NEW GIDC, KABILPORA, NAVSARI - 396 424.

Toll Free No. : 1800-270-1027, FAX : +91-2637-265105, E-mail : vector.support@beaconindia.com

vectorbiotekindia.com, CIN No. : U33112GJ2002PTC040978